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## ABSTRACT

This booklet is intended for use as a resource guide on substance abuse and co-existing disability areas by researchers, professionals, and people with disabilities. It contains scholarly items as well as a number of immediately functional resources for use by teachers, rehabilitation personnel, and others in their work with substance abuse issues. Resources are divided into eight categories with citations and abstracts for all listings: (1) 4 books/book chapters; (2) 12 fact sheets/brochures; (3) 11 conference papers and proceedings; (4) 64 journal articles; (5) 11 newsletters and articles; (6) 11 project reports; (7) 19 training manuals; and (8) 5 videotapes and audiotapes. A list of National Institute on Disability and Rehabilitation Research (NIDRR) grantees who provided substance abuse and disability information is also provided. (CR)

Guide to Substance Abuse  
& Disability Resources  
Produced by NIDRR Grantees.  
Second Edition.

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# Guide to Substance Abuse & Disability Resources

Produced by NIDRR Grantees

Second Edition

Resource  
Center



Developed jointly by



National Center for the Dissemination  
of Disability Research, Austin, Texas



Rehabilitation Research and  
Training Center on Drugs and Disability,  
Wright State University/New York University



Southwest Educational  
Development Laboratory

*Guide to Substance Abuse and Disability Resources Produced by NIDRR Grantees, Second Edition*

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## P R E F A C E

This *Guide to Substance Abuse and Disability Resources Produced by NIDRR Grantees, Second Edition* was a cooperative effort of the National Center for the Dissemination of Disability Research (NCDDR) and the Rehabilitation Research and Training Center on Drugs and Disability (RRTC). The NCDDR and the RRTC have updated the *Guide to Substance Abuse and Disability Resources Produced by NIDRR Grantees* in response to the demand experienced for the first edition, by grantees and many others. The Second Edition contains additional resources for researchers, service providers, and people with disabilities and a new cross-reference category addressing the issues of crime and violence. The NCDDR contacted a number of NIDRR Grantees most likely to have produced research information concerning drug and alcohol abuse relating to their research topic, including mental health, brain injury, spinal cord injury and other areas. Following the email contact, the NCDDR and the RRTC collected the Grantees' materials. The RRTC staff developed most of the item descriptions in this *Guide*, and NCDDR staff arranged the items alphabetically by type (Book/Book Chapter, Journal Article, etc.). The NCDDR formatted the items as they appear in the *Guide*. As a final step, a list of Grantees with corresponding item codes, and a subject index of terms and disabilities co-existing with substance abuse with corresponding item codes, were developed.

The *Guide* is intended as a resource for substance abuse and co-existing disability areas for use by researchers, professionals and people with disabilities. It contains scholarly items as well as a number of immediately functional resources for use by teachers, rehabilitation personnel and others in their work with substance abuse issues. The *Guide* serves as a link between research and practice by providing readers with basic information about *Guide* items and how to obtain the items directly from NIDRR Grantees or the National Rehabilitation Information Center (NARIC). It is hoped that the *Guide* will continue to provide a base for future revised versions containing a larger number of items, and that it will serve as a model for similar collaborations with NIDRR Grantees.

The NCDDR thanks the RRTC on Drugs and Disability and the Grantees who provided items. We look forward to further collaborative involvement of NIDRR Grantees in future versions of this *Guide*.

## HOW TO USE THIS GUIDE

The **Guide to Substance Abuse and Disability Resources Produced by NIDRR Grantees Second Edition** was developed to assist researchers, professionals and people with disabilities to locate research and training materials relating to substance abuse and disabilities developed by projects funded by the National Institute on Disability and Rehabilitation Research (NIDRR). The items in this *Guide* may also be located on the National Rehabilitation Information Center (NARIC) Web site <<http://www.naric.com/>> and purchased using their online order form or by telephone request (800-346-2742).

Individual items in the *Guide* may be located using the following strategies:

**Browsing:** All items\* are coded corresponding to their type, such as "**D. Journal Articles**", and numbered according to their alphabetical order in Sections A.-H., such as "**D.10.**" Readers may locate items of interest by reviewing each section and using the "**Grantee:**" code (e.g. **I.6**) in the items to locate the corresponding NIDRR-funded projects in Section I. Readers may use the information in Section I. in ordering items by mail, telephone or email from the Grantee.

**By Grantee:** Readers may go directly to Section I. to locate a particular Grantee. Item codes under each Grantee may be used to locate items, in Sections A.-H. for review and ordering directly from the Grantee.

**By Subject:** The Subject Index includes terms and disabilities that commonly co-exist with substance abuse, such as "*Brain Injury*," "*Rehabilitation*," etc. Codes for items relating to each term or disability are listed. Readers may locate the items in Sections A.-H. for review and subsequent order from the Grantees in Section I.

\* Note: Some items have no stated "**Cost**" information. Contact the designated grantee or NARIC for current information.

# **SUBJECT INDEX OF TERMS AND DISABILITIES**

## **Aging with a Disability:**

B: 6, 7, 8  
E: 10

## **Americans with Disabilities Act of 1990:**

A: 2  
E: 2, 6, 7

## **Blindness:**

B: 3  
C: 4

## **Brain Injury:**

A: 1, 3  
B: 4, 11, 12  
C: 4, 9  
D: 2, 5, 7, 10, 11, 20,  
22, 30, 34, 35, 36, 38,  
39, 40, 42, 43, 47, 49,  
52, 53, 63  
E: 5  
G: 2, 17, 19

## **Community/ Independent Living:**

A: 3  
B: 9  
C: 4  
D: 10, 36  
E: 8, 10  
G: 9

## **Crime/Violence:**

D: 19, 34, 42, 48, 49, 55

## **Deafness and Hearing Impairment:**

C: 4  
E: 4, 6  
G: 12

## **Fetal Alcohol Syndrome:**

B: 5  
G: 6  
H: 5

## **Healthcare and Disability Services:**

D: 15, 24, 41, 47  
E: 1  
G: 2, 4, 5, 9  
H: 1

## **HIV/AIDS:**

B: 9  
C: 4  
D: 44  
E: 7  
G: 8, 10

## **Mental Health-Mental Illness:**

A: 3, 4  
C: 3, 4  
D: 1, 9, 16, 20, 21,  
24, 27, 30, 32, 33,  
34, 40, 45, 54, 64  
E: 9, 10  
F: 2, 6  
G: 8, 10, 14

## **Motor Vehicle Injury and Other Trauma:**

C: 7  
D: 4, 7, 8, 16, 23, 26,  
29, 33, 48, 55

## **Native Americans:**

C: 5, 6, 8, 11  
D: 3, 37, 59  
F: 1, 3, 4, 5, 7, 10, 11  
H: 4, 5

## EXISTING WITH SUBSTANCE ABUSE

### Rehabilitation:

#### Medical:

D: 12, 13, 14, 20, 30,  
36, 40, 47, 51, 52,  
55, 57, 62, 64

E: 7

G: 17, 19

H: 2, 3

#### Vocational:

A: 3

B: 4

C: 2, 3, 4, 5, 9, 10, 11

D: 2, 3, 15, 18, 22, 27,  
28, 36, 38, 39, 41,  
44, 46, 49, 52, 53,  
56, 59, 63, 64

E: 2, 5, 8

F: 4, 9, 10, 11

G: 2, 3, 5, 6, 7, 11,  
13, 14, 15, 16, 18

### Spinal Cord Injury:

A: 1

B: 1, 2, 6, 7, 8

C: 4

D: 12, 13, 14, 17, 25,  
43, 45, 48, 50, 51,  
55, 57, 60, 62, 63

E: 1, 3, 10, 11

G: 4, 9

H: 1, 2, 3

### Women with Disabilities:

A: 2

D: 19, 31, 61

E: 9, 10

### Youth with Disabilities:

A: 4

B: 5, 10

C: 1

D: 5, 9, 21, 32, 33,  
37, 54

E: 4, 6, 8, 9, 10

F: 2, 5

G: 1, 3

H: 5



# A. Books/Book Chapters

A.1	<b>TITLE</b>	<b>Alcohol and Traumatic Disability.</b>
		Book chapter, <i>Handbook of Rehabilitation Psychology</i> , R.G. Frank & T.R. Elliott (eds) APA, Washington DC
	<b>AUTHOR(S)</b>	Charles H. Bombardier
	<b>DATE</b>	2000
	<b>GRANTEE</b>	<b>Northwest Regional Spinal Cord Injury System, I.9</b>
	<b>DESCRIPTION</b>	The book chapter identifies the link between traumatic brain injury (TBI), spinal cord injury (SCI), and alcohol use. Discussed are prevalence rates and effects on outcome, conceptualization of treatment models, and strategies for screening, assessment, and intervention. The rehabilitation psychologist is noted as a professional in the best position to identify alcohol-related problems.
A.2	<b>TITLE</b>	<b>Fostering recovery for women with disabilities: Eliminating barriers to substance abuse programs.</b>
	<b>AUTHOR(S)</b>	Ann Cupolo Freeman, Nancy Ferreyra and Christine Calabrese
	<b>DATE</b>	1997
	<b>GRANTEE</b>	<b>Meeting the Needs of Women with Disabilities: A Blueprint for Change, I.5</b>
	<b>DESCRIPTION</b>	Written primarily for service providers of alcohol and drug programs, this booklet is also intended for women with disabilities trying to make their service provider agencies more accessible. Includes a chapter on the ADA.
	<b>COST</b>	\$10.00
A.3	<b>TITLE</b>	<b>Managing psychosocial dysfunction.</b>
		Book chapter, <i>Vocational rehabilitation for persons with traumatic brain injury</i> .
	<b>AUTHOR(S)</b>	Jeffrey S. Kreutzer, Bruce E. Leininger, Pamela Sherron and Christine Groah
	<b>DATE</b>	1990
	<b>GRANTEE</b>	<b>TBI Model System of Rehabilitation Care, I.26</b>
	<b>DESCRIPTION</b>	The problem of returning persons with traumatic brain injury to community living and gainful employment represents a series of complex challenges because most clients have more than one problem. The number, complexity and interaction of problems contribute to the difficulty in maintaining long-term employment. The chapter covers many of the difficulties, including references to substance abuse, experienced by persons with head injury.

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<b>A.4</b>	<b>TITLE</b>	<b>Serving youth with mental health and substance abuse problems.</b> Book chapter, <i>Children's mental health: Creating systems of care in a changing society.</i>
<b>AUTHOR(S)</b>	Amelia Petrila, Lynn Foster-Johnson and Paul Greenbaum	
<b>DATE</b>	1996	
<b>GRANTEE</b>	<b>RTC For Children's Mental Health, I.22</b>	
<b>DESCRIPTION</b>	Discusses challenges to practitioners involved in the assessment and treatment of alcohol and other drug (AOD) use co-occurring with mental health disorders among adolescents. This chapter outlines a number of issues that are central to understanding adolescents with co-occurring AOD and mental health disorders. Included is a discussion of the differences between mental health and substance abuse systems and the difficulties that arise from these differences, and a discussion of assessment and treatment considerations that are important for this population. The chapter concludes with a description of programs that exemplify unique and innovative approaches to the needs of adolescents with both AOD and mental health problems.	

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## B. Fact Sheets/Brochures

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<b>B.1</b>	<b>TITLE</b>	<b>Alcohol abuse and SCI.</b>
	<b>DATE</b>	1996
	<b>GRANTEE</b>	<b>Northwest Regional Spinal Cord Injury System, I.9</b>
<b>DESCRIPTION</b>	Brief description of the theory behind Motivational Enhancement Therapy (MET) and adverse effects of alcohol abuse on people with SCI.	
<b>B.2</b>	<b>TITLE</b>	<b>Alcohol and drug use after spinal cord injury.</b>
	<b>AUTHOR(S)</b>	Jeffrey S. Kreutzer & Stephanie A. Kolakowsky-Hayner
	<b>DATE</b>	1999
	<b>GRANTEE</b>	<b>VCU Model SCI System, I.28</b>
<b>DESCRIPTION</b>	Addressing the risks of substance abuse specific to people with spinal cord injuries, the brochure includes a questionnaire, a mini-risk assessment, reasons not to drink or use drugs, and a resource list for those involved in substance abuse.	

<b>B.3</b>	<b>TITLE</b>	<b>Blindness, visual impairment, and substance abuse: Facts for substance abuse prevention and treatment professionals.</b>
	<b>DATE</b>	1996
	<b>GRANTEE</b>	<b>RRTC On Drugs and Disability, I.20</b>
	<b>DESCRIPTION</b>	Provides basic information about visual impairments and blindness including demographics. The concepts of enabling and language are addressed as well as suggestions for interacting with individuals who are visually impaired and solutions to accessibility issues.

**COST** Free in quantities of 1-5. Permission to copy granted.

<b>B.4</b>	<b>TITLE</b>	<b>Brain injury and substance abuse.</b>
	<b>DATE</b>	1998
	<b>GRANTEE</b>	<b>Ohio Regional Traumatic Brain Injury Model System, I.10</b>
	<b>DESCRIPTION</b>	This series of booklets contains information for professionals in healthcare, human services agencies and vocational rehabilitation. Its purpose is to provide the most up-to-date information about brain injury and substance use and abuse. Inside a folder are six booklets:  <i>Whatever it Takes</i> : 10 principles for community professionals helping persons with brain injury.  <i>ABUSE Screening</i> : How to screen for substance abuse among persons with brain injury.  <i>TBI Screening</i> : How to screen for traumatic brain injury.  <i>Stages of Change</i> : How people change addictive behavior and what supports the change process.  <i>Motivational Interviewing</i> : A counseling technique to help people make difficult changes.  <i>Community Teams</i> : How community professionals can work together collaboratively.
	<b>COST</b>	\$5.00

<b>B.5</b>	<b>TITLE</b>	<b>Fetal alcohol syndrome.</b>
	<b>DATE</b>	October 1997
	<b>GRANTEE</b>	<b>RTC on Improving the Functioning of Families Who Have Members with Disabilities, I.24</b>
	<b>DESCRIPTION</b>	Defines FAS, explains the cause and gives characteristics of an FAS child. Describes the prevalence of FAS. Prevention is listed as the abstinence from alcohol consumption during pregnancy. Strategies for working with FAS children are listed.

AVAILABLE ONLINE <<http://www.lsi.ukans.edu/Beach/html/d16.htm>>



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**B.6 TITLE** **Spinal cord injury & aging: Alcohol abuse.**

**DATE** December 1996

**GRANTEE** **RRTC on Aging with Spinal Cord Injury, I.18**

**DESCRIPTION** What do all the following have in common? Increased muscle spasticity; fractures; heart, liver, kidney & brain damage; pressure sores, malnutrition, urinary tract infections. All of these problems are associated with mixing spinal cord injury with alcohol. Many of the same issues that caused stress at the time of SCI show up again with aging. Alcohol, plus aging and SCI can be a risky combination.

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**B.7 TITLE** **Spinal cord injury & aging: Medications.**

**DATE** December 1996

**GRANTEE** **RRTC on Aging with Spinal Cord Injury, I.18**

**DESCRIPTION** Some of these may sound familiar. Are you: taking more than one prescription drug? getting prescriptions from more than one doctor or pharmacy? taking one or several over the counter drugs with prescriptions? having trouble keeping track of all your medications? having liver or kidney problems? confused, disoriented or "spacey" some of the time? You may take prescriptions for bladder management or to keep spasms under control. Then there are the antibiotics for the urinary tract infections and possibly something for pain. There are always risks with medications, and the risks rise as you age with your SCI and as the number of medications you take increases.

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**B.8 TITLE** **Spinal cord injury & aging: Smoking & lungs, skin and bladder.**

**DATE** January 1997

**GRANTEE** **RRTC on Aging with Spinal Cord Injury, I.18**

**DESCRIPTION** You already know that a spinal cord injury causes an impairment of the muscles involved in breathing – the higher the injury, the greater the impairment. That's strike one. The fact that smoking is harmful to your lungs is hardly news. Still, that's strike two. How smoking affects your lungs, just what happens when you smoke, and just what it means when you have an SCI and an already compromised respiratory system is what's important to know.

<b>B.9</b>	<b>TITLE</b>	<b>Substance abuse and living with HIV/AIDS: What you need to know.</b>
	<b>DATE</b>	1996
	<b>GRANTEE</b>	<b>RRTC On Drugs and Disability, I.20</b>
	<b>DESCRIPTION</b>	Designed for people living with HIV/AIDS and for service providers working with this population. The effects of tobacco, alcohol and marijuana use for people living with HIV/AIDS are discussed, and a list of common medication types and their potential drug interactions are provided.
	<b>COST</b>	Free in quantities of 1-5. Permission to copy granted.
<b>B.10</b>	<b>TITLE</b>	<b>Substance abuse and students with disabilities: Little known facts.</b>
	<b>DATE</b>	1994
	<b>GRANTEE</b>	<b>RRTC On Drugs and Disability, I.20</b>
	<b>DESCRIPTION</b>	Details some of the risks for substance abuse associated with disability. Targeted audience is college or university students with disabilities. However, the information would also be valuable for younger individuals and for parents, educators, dormitory staff and personal care attendants.
	<b>COST</b>	Free in quantities of 1-5. Permission to copy granted.
<b>B.11</b>	<b>TITLE</b>	<b>TBI Consumer Report #6: Coping with substance abuse after TBI.</b>
	<b>AUTHOR(S)</b>	M. R. Hibbard & T. Ashman
	<b>DATE</b>	2001
	<b>GRANTEE</b>	<b>RTC on Community Integration of Individuals with TBI, I.23</b>
	<b>DESCRIPTION</b>	Part of a series of consumer oriented publications; "Coping with substance abuse after TBI" draws on the experience of consumers to answer a number of questions concerning substance abuse among people who have experienced a Traumatic Brain Injury (TBI). The consumer report addresses the prevalence of substance abuse pre- and post-TBI, and TBI-specific challenges linked to substance abuse. It also showcases ways consumers have successfully addressed substance abuse while coping with TBI.
<b>B.12</b>	<b>TITLE</b>	<b>Traumatic brain injury seizure study information sheet for patients and their families.</b>
	<b>GRANTEE</b>	<b>Post-Traumatic Epilepsy in Traumatic Brain Injury, I.11</b>
	<b>DESCRIPTION</b>	Brochure type of information that describes types of seizures, causes (including trauma from alcohol or drugs), prevention, what to do when seizure occurs and what to do post-seizure.

## C. Conference Papers and Proceedings

<b>C.1</b>	<b>TITLE</b>	Adapting substance abuse programs for youth with learning disabilities. In <b>Examining the Relationship Between Substance Abuse and Learning Disabilities: Proceedings of February 1999 Joint Conference of the National Center on Addiction and Substance Abuse and the National Center for Learning Disabilities.</b>
	<b>AUTHOR(S)</b>	Dennis Moore
	<b>DATE</b>	2001
	<b>GRANTEE</b>	<b>RRTC On Drugs and Disability, I.20</b>
	<b>DESCRIPTION</b>	This conference paper examines a number of risk factors for substance abuse that appear to be especially relevant for young people with learning disabilities, focusing on substance abuse intervention and prevention efforts. An evaluation of a statewide prevention-training program called "Adapting Prevention Education for Youth with Disabilities" is also discussed.
<b>C.2</b>	<b>TITLE</b>	<b>An analysis of statewide substance use treatment episode data and persons with co-existing disabilities.</b>
	<b>AUTHOR(S)</b>	Dennis Moore & Jim Weber
	<b>DATE</b>	2000
	<b>GRANTEE</b>	<b>RRTC On Drugs and Disability, I.20</b>
	<b>DESCRIPTION</b>	This presentation describes the background/demographic characteristics, services received, and outcomes realized by two key groups of participants in a statewide alcohol and drug treatment system in 1998. The two groups included 1)102,663 individuals who had a drug and/or alcohol treatment problem exclusively and 2)44,119 individuals who had both a substance abuse problem and another physical or mental disability. The results of preliminary analyses, across an array of variables (i.e., 13 background, 13 service, and 16 outcome variables), clearly document numerous differences between the two groups of consumers (a) at initiation of their treatment episodes, (b) with regard to the nature of the treatment services they typically receive, and (c) with regard to the outcomes they experience as a consequence of their participation in treatment. Generally, the results indicate that the barriers faced by individuals with a co-existing disability are higher, while the treatment outcomes they realize are lower, than those faced by their peers in treatment without a co-existing disability.

**C.3**

<b>TITLE</b>	<b>Dual diagnosis: Serving the individual with MI/CA in assessment, treatment, recovery and vocational rehabilitation.</b>
<b>AUTHOR(S)</b>	Matrix Research Institute
<b>DATE</b>	January 25-26, 1996
<b>GRANTEE</b>	<b>MRI/Penn RTC on Vocational Rehabilitation Services for Persons with Long-Term Mental Illness, I.6</b>
<b>DESCRIPTION</b>	Provides outline format for each session within the training. Among issues addressed in the seminar were: barriers to employment; motivation; DSM-IV diagnosing; clinical overview of mental illness; clinical overview of substance use disorders; clinical overview of "dual-diagnosis" (MI/CA); assessment; treatment; rehabilitation and recovery; group work; multi-cultural sensitivity; collaboration strategies; relapse prevention; and how to avoid burn-out.
<b>COST</b>	\$25.00

**C.4**

<b>TITLE</b>	<b>First national conference on substance abuse and coexisting disabilities.</b>
<b>AUTHOR(S)</b>	Jacques Demers (Ed.).
<b>DATE</b>	1996
<b>GRANTEE</b>	<b>RRTC On Drugs and Disability, I.20</b>
<b>DESCRIPTION</b>	Includes entire conference proceedings, June 1996. Session topics included: Co-existing disabilities and substance abuse; Working toward common solutions; Independent living centers responses to chemical dependence; Substance abuse treatment for people who have HIV/AIDS; Employer perspectives on substance abuse; Role of vocational rehabilitation in recovery: Integrating vocational rehabilitation into substance abuse treatment; Innovative program models; Treatment planning for people who have co-existing disabilities; Substance abuse treatment for people who have mental illness; Substance abuse treatment for people who have a spinal cord injury; Substance abuse treatment for people who have a traumatic brain injury; Case management for people with co-existing disabilities; Collaboration models to serve individuals with co-existing disabilities; Multicultural sensitivity in treatment; Substance abuse treatment for people who are Deaf or hard of hearing; Managing change: New directions in the field of substance abuse treatment for people with disabilities; Substance abuse treatment for people who are blind/visually impaired; Key issues in adapting treatment for persons with disabilities; Substance abuse treatment for people who have developmental disabilities; and the plenary session address by Nancy Kilpatrick from CSAT — Treatment community responses to disabilities: The recognition of a growing need.
<b>ST</b>	\$8.00



ST \$8.00

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<b>C.5</b>	<b>TITLE</b>	<b>Indian firefighters—Drug free workplace. Proceedings of a conference held in Tucson, Arizona.</b>
<b>AUTHOR(S)</b>	Jennie R. Joe and Robert Young	
<b>DATE</b>	1991	
<b>GRANTEE</b>	<b>Native American Research and Training Center, I.8</b>	
<b>DESCRIPTION</b>	Transcripts of five sessions discuss historical perspectives, contemporary problems, medical consequences and viable Drug Free Workplace strategies. The first session, entitled Fire and Fire Warriors: A Historical & Cultural Examination of American Indian firefighters, is by David H. DeJong. The second session, American Indians & Substance Use: An Overview of the Past, Present, and Future, is by Patricia Mail. The third session, The Indian Firefighters of Today: The Nature of Work and Problems of Substance Abuse, is by Dorothy L. Miller. The fourth session, Medical Consequences of Alcohol and Other Drug Abuse, is by Eva Marie Smith and the fifth session, The Drug Free Workplace: What Works is by Jeanne G. Trumble.	
<b>C.6</b>	<b>TITLE</b>	<b>The Indianization of Alcoholics Anonymous.</b>
<b>AUTHOR(S)</b>	Marie-France Lisette Womack	
<b>DATE</b>	May 1996	
<b>GRANTEE</b>	<b>Native American Research and Training Center, I.8</b>	
<b>DESCRIPTION</b>	Most literature on the history and experience of American Indians with alcoholism and alcohol abuse is pathologically oriented and focuses on possible causes and theoretical solutions. Lacking from the discussion is current, Indian-run solutions available throughout Indian Country. The goal of the monograph is to examine one such solution: the growing movement of "Indianized" twelve step recovery programs. Differences, which speak to the cultural needs of Indian alcoholics, between the standard Twelve Step program and the new Twelve Step movement are defined and the differences speak to the cultural needs of Indian alcoholics. Examining the cultural focus leads to a clearer understanding of what Indians themselves believe to be the assigned cause and the most effective treatment of alcohol abuse in their communities.	
<b>C.7</b>	<b>TITLE</b>	<b>The presence of disabilities among impaired drivers. Conference paper.</b>
<b>AUTHOR(S)</b>	Dennis Moore, Jo Ann Ford and Li Li	
<b>DATE</b>	1995	
<b>GRANTEE</b>	<b>RRTC On Drugs and Disability, I.20</b>	

**DESCRIPTION** Discusses results of a pilot study designed to test the hypothesis that there is a high prevalence of disabilities among persons convicted of impaired driving. The findings strongly suggest that people with disabilities disproportionately incur drunk driving arrests.

**COST** Free

C.8

**TITLE** **Review of treatment strategies for Native American alcoholics: The need for a cultural perspective.**

**AUTHOR(S)** Robert S. Young

**DATE** 1992

**GRANTEE** **Native American Research and Training Center, I.8**

**DESCRIPTION** Alcohol abuse and its effects account annually for approximately 30% of the Indian mortality rate. The high incidence of alcoholism among American Indians has been attributed to acculturation stress, peer pressure and the "dream quest." The monograph explores treatment strategies that meet the need for training programs that emphasize the traditional Indian medical treatment strategies combined with those intervention strategies from Western medical models that have proven effective with Indian clients.

C.9

**TITLE** **Substance abuse and brain injury: A practical approach.**

**AUTHOR(S)** Dennis Moore & John Corrigan

**DATE** 2000

**GRANTEE** **RRTC On Drugs and Disability, I.20**

**DESCRIPTION** Three basic questions were addressed as part of this presentation — What demographic and other background variables characterized the TBI clients served by a comprehensive rehabilitation program (i.e., the Consumer Advocacy Model (CAM) Program) operated by the Department of Community Health at Wright State University? What was the nature of the services afforded the TBI clients served by the CAM Program? What treatment-related outcomes were realized after nine months by TBI clients served via the CAM Program? Resulting analyses were based upon data secured from a sample of 96 consumers with a TBI who received services during the period from October 10, 1997 through June 30, 2000. The preliminary findings from those analyses suggest that participating consumers' reported AOD use decreased significantly, while their scores on the Satisfaction with Life Scale increased.

**C.10** **TITLE** Substance use and vocational outcomes associated with specialized outpatient treatment: Preliminary findings in the consumer advocacy model.

**AUTHOR(S)** Dennis Moore

**DATE** 2000

**GRANTEE** RRTC On Drugs and Disability, I.20

**DESCRIPTION** Describes (a) the background/demographic characteristics of 289 clients with a disability and co-existing substance problem served by a model rehabilitation program, the Consumer Advocacy Model (CAM) operated by the Department of Community Health at Wright State University, (b) the services provided those clients, and (c) the outcomes they realized after participating in the CAM Program for nine months. Typically clients were involved in the Program for a little less than 6 months, attended a session about every 3.5 days, and the sessions they attended most often involved case management activities (e.g., developing individualized service plans or interpersonal skill development). At closure about 22% of the clients were working, 17% were referred for further treatment/aftercare, and 6% reported meeting their goals. Nine months after entry into the Program participating clients reported making progress in reducing their substance use, experiencing increased satisfaction with their lives, and reducing the bodily pain they feel.

**C.11** **TITLE** Vocational rehabilitation of American Indians with alcohol disorders.

**AUTHOR(S)** Priscilla Lansing Sanderson & Athanase Gahungu

**DATE** 1999

**GRANTEE** American Indian RRTC, I.2

**DESCRIPTION** In November 1997, the American Indian Rehabilitation Research and Training Center (AIRRTC) co-sponsored a workshop entitled, "Vocational Rehabilitation of American Indians with Alcohol Disorders." The conference, through a training module, addressed dissemination of information on vocational rehabilitation services for American Indians, culturally specific issues in rehabilitation and substance abuse, and ways to improve rehabilitation services for American Indians. The proceedings also include the twelve steps of Alcoholics Anonymous, Arizona Rehabilitation Services Administration policies, a list of treatment centers.

15 20

## D. Journal Articles

### D.1 TITLE Acceptance of disability and its correlates.

**AUTHOR(S)** Li Li and Dennis Moore

**JOURNAL** (1998) *The Journal of Social Psychology*, Volume 138, Number 1, 13-25.

**GRANTEE** RRTC On Drugs and Disability, I.20

**DESCRIPTION** Study examines relationship between acceptance of disability and (a) demographic characteristics (age, gender, race, education, marital status and income); (b) disability condition (disability onset, multiple disabilities and chronic pain); and (c) other psychosocial factors (self-esteem, emotional support, perceived discrimination and hostility).

**COST** Free

### D.2 TITLE Addressing substance abuse issues in the context of a supported employment program.

**AUTHOR(S)** Christine Groah, Patricia Goodall, Jeffrey S. Kreutzer, Pamela Sherron and Paul Wehman

**JOURNAL** (July/August 1990) *The Journal of Cognitive Rehabilitation*, Volume 8, Number 4.

**GRANTEE** TBI Model System of Rehabilitation Care, I.26

**DESCRIPTION** The unique characteristics of supported employment as a vocational rehabilitation approach are explored. The Supported Employment Program at the Medical College of Virginia is described and a strategy for developing an effective substance abuse policy is outlined.

21

**D.3 TITLE** After substance abuse treatment, then what?**AUTHOR(S)** Jeanette Hassin**JOURNAL** (Summer 1996) *American Rehabilitation*, Volume 22, Number 2, 12-19.**GRANTEE** Native American Research and Training Center, I.8**DESCRIPTION** Trying to address cultural, social and personal barriers that exist for Native Americans, particularly in obtaining vocational rehabilitation services, is a real and significant problem, one that is strongly substantiated by RSA statistics. This article looks at many issues that need to be addressed. Among these issues are: 1) many American Indians live in urban and suburban areas outside reservations and feel disenfranchised from social service programs that target Indians living on tribal lands; 2) alcohol related mortality rates far exceed that of the general U. S. population rates; 3) recidivism rates for American Indians run as high as 86% 2 years post-treatment; and 4) VR counselors are not adequately prepared to deal with the consequences of the historical process or with the cultural values of their Indian clients whose views are often in conflict with the dominant society.**D.4 TITLE** Alcohol abuse/dependence in motor vehicle crash victims presenting to the emergency department.**AUTHOR(S)** Ronald F. Maio, Patricia Waller, Frederic C. Blow, Elizabeth M. Hill and Kathleen M. Singer**JOURNAL** (1997) *Academic Emergency Medicine*, Volume 4, Number 4, 256-262.**GRANTEE** University of Michigan Model SCI Care System, I.27**DESCRIPTION** The objective of the study is: 1) to determine the prevalence of current alcohol abuse/alcohol dependence (AA/AD) among the full injury range of emergency department (ED) motor vehicle crash (MVC) patients; and 2) compare AA/AD and non — AA/AD patient characteristics. The prospective cohort study uses a stratified random sample of MVC patients aged 18 and older presenting to a university hospital and university-affiliated community hospital ED from May 1, 1992 to August 30, 1994. A diagnosis of current AA/AD is based on the alcohol section of the Diagnostic Interview Survey. Other measurements include the presence of blood alcohol, injury severity score, occupant status, age, gender, seat belt use, culpability for crash and ED disposition (admitted vs. Released). A weighted prevalence is determined and subgroups are compared using t-tests, 2-factor analysis and logistic regression modeling.

E 22

**D.5****TITLE** **Alcohol and drug use among young persons with traumatic brain injury.**

**AUTHOR(S)** Jeffrey S. Kreutzer, Adrienne D. Witol and Jennifer Harris Marwitz  
**JOURNAL** (1996) *Journal of Learning Disabilities*, Volume 29, Number 6, 643-651.

**GRANTEE** **TBI Model System of Rehabilitation Care, I.26**

**DESCRIPTION** Pre and post injury patterns of alcohol and illicit drug use of 87 persons with traumatic brain injury ages 16-20 are examined. Follow-up data is collected at two intervals, 8 months and 28 month. Review of data indicated that persons with a history of pre-injury heavy drinking are at greatest risk for long-term alcohol abuse post-injury. Post-injury illicit drug use rates remained relatively low at both follow-up intervals.

**D.6****TITLE** **Alcohol and other substance use/abuse among people with disabilities.**

**AUTHOR(S)** Dennis Moore, Bobby G. Greer and Li Li  
**JOURNAL** (1994) *Journal of Social Behavior and Personality*, Volume 9, Number 5, 359-382.

**GRANTEE** **RRTC On Drugs and Disability, I.20**

**DESCRIPTION** Reports findings of a multi-state survey on substance use/abuse among 916 people with disabilities.

**COST** Free

**D.7****TITLE** **Alcohol, brain injury, manslaughter, and suicide.**

**AUTHOR(S)** Jeffrey S. Kreutzer, Stephanie L. Myers, Jennifer Harris and Nathan Zasler

**JOURNAL** (July/August 1990) *The Journal of Cognitive Rehabilitation*, Volume 8, Number 4, 14-18.

**GRANTEE** **TBI Model System of Rehabilitation Care, I.26**

**DESCRIPTION** Several newspaper articles and case studies are cited as evidence of the interrelationships between alcohol use, risks for brain injury and post injury psychosocial adjustment. A pitch is made to increase the availability of comprehensive substance abuse programs that address the unique needs of persons with traumatic brain injury and their families.

<b>D.8</b>	<b>TITLE</b>	<b>Alcohol, central nervous system injury, and time to death in fatal motor vehicle crashes.</b>
<b>AUTHOR(S)</b>	Brian Zink, Ronald Maio and Bonny Chen	
<b>JOURNAL</b>	(1996) <i>Alcoholism: Clinical and Experimental Research</i> , Volume 20, Number 9, 1518-1522.	
<b>GRANTEE</b>	<b>University of Michigan Model SCI Care System, I.27</b>	
<b>DESCRIPTION</b>	A retrospective cohort of 401 motor vehicle crash fatalities from four Michigan counties for the time period 1985 to 1991 is studied. Medical examiner records were reviewed to determine age, blood alcohol concentration and time to death. Anatomical profile scores and G scores are also calculated and used to identify central nervous system injury (CNSI) subjects. The data suggests that alcohol intoxication is associated with increased frequency of early death in motor vehicle crash (MVC) victims with CNSI, despite there being no detectable difference in anatomical injury scoring.	
<b>D.9</b>	<b>TITLE</b>	<b>Alcohol expectancies among adolescents with conduct disorder: Predicting and mediation of drinking.</b>
<b>AUTHOR(S)</b>	Paul E. Greenbaum, Eric C. Brown and Robert M. Friedman	
<b>JOURNAL</b>	(1995) <i>Addictive Behaviors</i> , Volume 20, Number 3, 321-333.	
<b>GRANTEE</b>	<b>RTC For Children's Mental Health, I.22</b>	
<b>DESCRIPTION</b>	Among adolescents with conduct disorder, alcohol expectancies were examined for both predictive utility and mediation of other predictors of alcohol use (i.e., delinquency, family history, demographic and psychopathology variables). Data were collected from 260 adolescents with conduct disorder 11-18 years of age, who had been in either mental health residential facilities or community-based special education programs for adolescents with serious emotional disturbances. Zero-order correlations and structural path models assessed relationships between expectancies, alcohol use and other predictors of alcohol use. Results indicated: (a) expectancies of enhanced social and cognitive behavior were significant ( $p < .05$ ) univariate predictors of drinking and (b) among all of the selected predictors, expectancies of enhanced social behavior (i.e., Subscale 2 of the Alcohol Expectancy Questionnaire — Adolescent Form AEQ-A) had the strongest association with alcohol use ( $r = .54$ ) and mediated between 31% to 44% of the drinking variance associated with other significant predictors ( $p < .01$ ). Results were discussed as supporting similar expectancy-drinking relationships among CD and nonclinical youth.	

**D.10 | TITLE** **Alcohol use after traumatic brain injury: Concordance of patients' and relatives' reports.****AUTHOR(S)** Angela M. Sanders, Adrienne D. Witol and Jeffrey S. Kreutzer**JOURNAL** (February 1997) *Archives of Physical Medicine and Rehabilitation*, Volume 78, Number 2, 132-142.**GRANTEE** **TBI Model System of Rehabilitation Care, I.26****DESCRIPTION** Using a quasi-experimental static group comparison design, article investigates bias and concurrent validity of patients' alcohol use reports by examining concordance with relatives' reports. Participants included 175 adult patients and 175 family informants. Surprisingly, patient reports were consistent with family member reports. The results do not support the hypothesis that patients underreport drinking and that their reports are inconsistent with those of caregivers. The high levels of concordance are consistent with those found in similar research studies involving alcoholic populations. Results suggest that patients' reports should be given higher credibility and should not be routinely dismissed in favor of information provided by families. However, more caution is necessary when collecting information from a person with severe injury.**D.11 | TITLE** **Alcohol use among persons with traumatic brain injury.****AUTHOR(S)** Jeffrey S. Kreutzer, Kathleen Doherty, Jennifer Harris and Nathan Zasler**JOURNAL** (1990) *Journal of Head Trauma Rehabilitation*, Volume 5, Number 3, 9-20.**GRANTEE** **TBI Model System of Rehabilitation Care, I.26****DESCRIPTION** The General Health and History Questionnaire, the Quantity-Frequency-Variability Index and the Brief Michigan Alcoholism Screening Test were used to investigate the pre-injury and post-injury drinking patterns of 87 persons with traumatic brain injury. Compared to other persons of similar age, a slightly higher proportion of persons with TBI were abstinent preinjury, but a significantly greater proportion fell within the heavy drinker classification. After injury, drinking rates for the sample declined, and there were fewer heavy drinkers in the group with TBI than in uninjured comparison groups composed of the population at large and of drinkers of similar age. Nevertheless, the number of post-injury problem drinkers were relatively large in consideration of the potentially adverse effects on long-term outcome.

**D.12 TITLE** **Alcohol use among SCI patients.****AUTHOR(S)** Denise G. Tate, Frederick Maynard and Martin Forchheimer**JOURNAL** (1991) *Journal of the American Paraplegia Society*, Volume 14, Number 2.**GRANTEE** **University of Michigan Model SCI Care System, I.27****DESCRIPTION** Based on SCI data, researchers looked at the relationship of patients' self-reported alcohol use at admission and variables such as age, history of drug abuse and history of alcohol abuse as reported by physicians. Furthermore, the data revealed: 1) that the CAGE appears to be a reliable, efficient, quick and easy-to-use assessment tool of alcohol use among SCI patients; 2) patients with a history of alcohol abuse may also have a history of drug abuse; and 3) age at the onset of SCI does not appear to be a significant factor in relation to alcohol abuse.**D.13 TITLE** **Alcohol use among spinal cord-injured patients.****AUTHOR(S)** Denise G. Tate**JOURNAL** (1993) *American Journal of Physical Medicine & Rehabilitation*, Volume 72, Number 4, 192-195.**GRANTEE** **University of Michigan Model SCI Care System, I.27****DESCRIPTION** Study assesses the utility of using a brief screening interview questionnaire, the CAGE (cut, annoyed, guilty and eye opener), to further evaluate patients with SCI for alcohol use including alcoholism using retrospective data. The study also explores patterns of alcohol consumption among SCI patients and investigates the relationship between self-reported alcohol use, age, previous history of drug and alcohol abuse and medical complications after discharge.**D.14 TITLE** **Alcohol use and activity patterns following spinal cord Injury.****AUTHOR(S)** Allen W. Heinemann, Nancy Goranson, Karen Ginsburg, and Sidney Schnoll**JOURNAL** (1989) *Rehabilitation Psychology*, Volume 34, Number 3, 191-205.**GRANTEE** **Relation of Rehabilitation Intervention to Functional Outcome in Acute and Subacute Settings, I.14****DESCRIPTION** This article investigates the previously undocumented relationship between pre-disability alcohol use and activity patterns during rehabilitation hospitalization after a spinal cord injury (SCI). The study included 103 persons with recent onset SCI. Subjects reporting more drinking problems also reported spending less time in quiet activity and less time in productive activity such as rehabilitation therapy. This relationship could affect rehabilitation outcomes. A follow-up study is planned to determine longer-term outcome.

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**D.15 TITLE** **Alcohol use and drinking-related consequences among consumers of disability services.****AUTHOR(S)** Dennis Moore and Li Li**JOURNAL** (1994) *Rehabilitation Counseling Bulletin*, Volume 38, Number 2, 124-133.**GRANTEE** **RRTC On Drugs and Disability, I.20****DESCRIPTION** Alcohol use patterns are analyzed in relation to demographic characteristics, disability groupings and various consequences of abuse. Study examines specific self-reported consequences of abuse as they relate to health, family relationships, legal involvement and work problems.**COST** Free

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**D.16 TITLE** **Alcohol use and trauma.****AUTHOR(S)** Brian Zink and Ronald Maio**JOURNAL** (1994) *Academic Emergency Medicine*, Volume 1, Number 2, 171-174.**GRANTEE** **University of Michigan Model SCI Care System, I.27****DESCRIPTION** Highlights the role of alcohol use in trauma. Clinical studies that explore the effects of acute and chronic alcohol use on the response to injury are presented. Potential physiologic and cellular mechanisms by which alcohol may enhance injury are reviewed. Advances in the identification of alcohol abuse in trauma victims and the use of early alcohol counseling are addressed, and areas for future investigation are proposed.

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**D.17 TITLE** **Alcohol use by persons with recent spinal cord injury.****AUTHOR(S)** Allen Heinemann, Robert Donohue, and Sidney Schnoll**JOURNAL** *Archives of Physical Medicine and Rehabilitation*. August 1988, Volume 69, 619-624.**GRANTEE** **Relation of Rehabilitation Intervention to Functional Outcome in Acute and Subacute Settings, I.14****DESCRIPTION** The article explores the prevalence and severity of alcohol abuse in people with spinal cord injuries (SCI), pre- and post-injury. The study, which included 103 people with recent SCI, found indications that a significant portion of people with recent spinal cord injuries have engaged in heavy drinking and experienced resulting behavioral problems. Used in the study, the Michigan Alcoholism Screening Test functioned effectively as an assessment tool for alcohol-related issues in the study's population.

<b>D.18</b>	<b>TITLE</b>	<b>Alcohol use, ethnicity, and disability: A comparison of African-American and Caucasian groups.</b>
<b>AUTHOR(S)</b>	Eddie Booker Sample, Li Li and Dennis Moore	
<b>JOURNAL</b>	(1997) <i>Social Behavior and Personality</i> , Volume 25, Number 3, 265-276.	
<b>GRANTEE</b>	<b>RRTC On Drugs and Disability, I.20</b>	
<b>DESCRIPTION</b>	Explores the factors of alcohol use of African Americans and Caucasians with disabilities who were seeking rehabilitation services in three Midwestern states	
<b>COST</b>	Free	
<b>D.19</b>	<b>TITLE</b>	<b>An exploratory study of violence, substance abuse, disability, and gender.</b>
<b>AUTHOR(S)</b>	Li Li, JoAnn Ford, & Dennis Moore	
<b>DATE</b>	2000 – Need Journal	
<b>GRANTEE</b>	<b>RRTC On Drugs and Disability, I.20</b>	
<b>DESCRIPTION</b>	Using a random sample of 1,876 individuals with disabilities, this study examines relationships between victimization as a result of violence, substance abuse, disability, and gender. Multivariate analyses reveal that women with disabilities are more likely to be victims of substance abuse related violence than are their male counterparts. Some disability conditions such as disability onset, multiple disabilities, and chronic pain are significantly associated with violence for both men and women with disabilities. For people with disabilities, this study finds that victims of substance abuse related violence are more likely to have their own substance abuse problems than are those who have not been victimized.	
<b>D.20</b>	<b>TITLE</b>	<b>Axis I Psychopathology in individuals with traumatic brain injury.</b>
<b>AUTHOR(S)</b>	Mary Hibbard, Suzan Uysai, Karen Kepler, Jennifer Bogdani and Jonathon Silver	
<b>JOURNAL</b>	(1998) <i>Journal of Head Trauma Rehabilitation</i> , Volume 13, Number 4.	
<b>GRANTEE</b>	<b>RTC on Community Integration of Individuals with TBI, I.23</b>	
<b>DESCRIPTION</b>	Article assesses the incidence, co-morbidity and patterns of resolution of DSM-IV mood, anxiety and substance use disorders in individuals with traumatic brain injury on 100 adults with TBI from 18 – 65 and average 8 year post onset at time of interview.	

**D.21 TITLE Co-occurring addictive and mental disorders among adolescents: Prevalence research and future directions.****AUTHOR(S)** Paul E. Greenbaum, Lynn Foster-Johnson and Amelia Petrilia**JOURNAL** (1996) *American Journal of Orthopsychiatry*, Volume 66, Number 1, 52-60.**GRANTEE** **RTC For Children's Mental Health, I.22****DESCRIPTION** Recent epidemiological research documenting the pervasive co-occurrence of addictive and mental disorders has been concerned primarily with adults. This paper proposes the need for similar studies of adolescents, considers the special problems inherent in the assessment of co-occurrence in this age group, reviews evidence suggesting that the prevalence of co-occurring disorders in adolescents parallels that documented for adults and delineates future research strategies.**D.22 TITLE The construct validity of the Readiness to Change Questionnaire for persons with TBI.****AUTHOR(S)** Charles H. Bombardier & Allen W. Heinemann**JOURNAL** *Journal of Head Trauma Rehabilitation*. February 2000, Volume 15, Number 1, 696-709.**GRANTEE** **Relation of Rehabilitation Intervention to Functional Outcome in Acute and Subacute Settings, I.14****DESCRIPTION** The reliability and validity of the Readiness to Change Questionnaire (RTC) in measuring attitudes of people with traumatic brain injury (TBI) who abuse alcohol. The RTC Questionnaire is examined through a study of 126 participants with recent traumatic brain injury. The article points out both the RTC Questionnaire's strengths and options for improving assessment, treatment program creations and outcome prediction.**D.23 TITLE Crash characteristics and injuries of victims impaired by alcohol versus illicit drugs.****AUTHOR(S)** P. F. Waller, F. C. Blow, R. F. Maio, K. Singer, E. M. Hill and N. Schaffer**JOURNAL** (1997) *Accident Analysis and Prevention*, Volume 29, Number 6, 817-827.**GRANTEE** **University of Michigan Model SCI Care System, I.27****DESCRIPTION** Blood samples from 894 patients presenting to two emergency departments for treatment of motor vehicle injury were tested for alcohol and other drugs. Results were related to other demographic characteristics including prior history of alcohol or drug use; crash characteristics; and injury characteristics.

**D.24 TITLE Does scoliosis have a psychological impact and does gender make a difference?**

**AUTHOR(S)** William K. Payne, James W. Ogilvie, Michael D. Resnick, Robert L. Kane, Ensor E. Transfeldt and Robert W. Blum

**JOURNAL** (1997) *SPINE*, Volume 22, Number 12, 1380-1384.

**GRANTEE** **RTC Project for Infants, Children, and Youth, I.17**

**DESCRIPTION** Article looks at psychosocial impact of scoliosis on the areas of peer relations, body image and health compromising behavior such as suicidal thought and alcohol consumption.

**D.25 TITLE Drinking patterns, drinking expectancies, and coping after spinal cord injury.**

**AUTHOR(S)** Allen W. Heinemann, Mary F. Schmidt, and Patrick Semik

**JOURNAL** (December 1994) *Rehabilitation Counseling Bulletin* Volume 38, Number 2, 134-153.

**GRANTEE** **RTC for Treatment of Secondary Complications of SCI, I.16**

**DESCRIPTION** The article addresses drinking patterns expectancies and coping strategies in people with spinal cord injuries (SCI). The reported study assessed 121 persons with recent spinal cord injuries on 3 occasions: during hospitalization and 3 and 12 months after injury. Rates of heavy drinking decreased from pre injury to post injury. The persistent impact of pre-injury drinking patterns on alcohol expectancies and coping strategies suggests that these are important issues to address to enhance functioning.

**D.26 TITLE EMS providers do not accurately note motor-vehicle crash patients with positive serum alcohol concentrations.**

**AUTHOR(S)** Ronald F. Maio, Audrey Wu, Frederic C. Blow and Brian Zink

**JOURNAL** (1995) *Pre-hospital and Disaster Medicine*, Volume 10, Number 2, 110-112.

**GRANTEE** **University of Michigan Model SCI Care System, I.27**

**DESCRIPTION** Alcohol use is associated with many motor-vehicle crashes and may increase the severity of injury. Because alcohol use also may mask injury, prehospital emergency care providers (PHECPs) may make inaccurate assessments. To assess and triage crash victims accurately, PHECPs must identify recent alcohol use. This study examines the accuracy of PHECPs in identifying motor-vehicle crash victims who had positive serum alcohol concentrations.

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**D.27 TITLE** **Emotional factors involved in substance abuse in a sample of rehabilitation clients.**

**AUTHOR(S)** Bobby G. Greer and Richard T. Walls

**JOURNAL** (October, November/December 1997) *Journal of Rehabilitation*, Volume 63.

**GRANTEE** **WVRRTC: Management of Information and Informational Systems, I.29**

**DESCRIPTION** The relationship between substance abuse and emotional functioning of 2,837 consumers of vocational rehabilitation services is investigated. Substance abusers scored higher on measures of anger but not on measures of bizarre thoughts or depression. Findings are discussed in terms of the nature of, and therapies for, anger and anxiety.

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**D.28 TITLE** **Evaluation of physical fitness, activity level, and substance abuse in vocational rehabilitation patients.**

**AUTHOR(S)** D. D. Pringle, Li Li, Eddie Booker Sample, Dennis Moore, D. R. Imbrogno and Roger Glaser

**JOURNAL** (1998) *Medicine and Science in Sports and Exercise*, Volume 34, Number 5, s1172.

**GRANTEE** **RRTC On Drugs and Disability, I.20**

**DESCRIPTION** Physical inactivity and substance abuse may lead to a greater likelihood for developing secondary complications in a rehabilitation population. This study develops an evaluation instrument and techniques to determine the relationship among activity level, physical fitness and substance abuse in a group of adults in a vocational rehabilitation program.

**COST** Free

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**D.29 TITLE** **Geographic variation in preventable deaths from motor vehicle crashes.**

**AUTHOR(S)** Bonny Chen, Ronald Maio, Paul Greens and Richard Burney

**JOURNAL** (1995) *The Journal of Trauma: Injury, Infection, and Critical Care*, Volume 38, Number 2.

**GRANTEE** **University of Michigan Model SCI Care System, I.27**

**DESCRIPTION** Studies the hypothesis that the preventable death rate is higher and that anatomic injury severity is lower for rural compared to non-rural motor vehicle crash fatalities.

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**D.30** **TITLE** **Group psychotherapy for persons with traumatic brain injury: Management of frustration and substance abuse.**

**AUTHOR(S)** Richard L. Delmonico, Patricia Hanley-Peterson and Jeffrey Englander

**JOURNAL** (1998) *Journal of Head Trauma Rehabilitation*, Volume 13, Number 6, 10-22.

**GRANTEE** **Comprehensive Systems of Care of Traumatic Brain Injury, I.3**

**DESCRIPTION** Describes group therapy models used with individuals with acute or postacute TBI within a comprehensive rehabilitation center. Interdisciplinary treatment of frustration and substance abuse and continuum of care are emphasized. Education, social support, skills development, interpersonal process and cognitive behavioral approaches are discussed. The psychotherapy groups focus on treatment of substance abuse and frustration management through education, social support and development of interpersonal skills. Practical considerations of running such groups are presented.

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**D.31** **TITLE** **Illicit drug use by women with disabilities.**

**AUTHOR(S)** Li Li and Jo Ann Ford

**JOURNAL** (1998) *The American Journal on Addictions*, Volume 24, Number 3, 105-118.

**GRANTEE** **RRTC On Drugs and Disability, I.20**

**DESCRIPTION** Using a random sample of 900 women, study of patterns of illicit drug use and risk factors relating to illicit drug use by women with various disabilities.

**COST** Free

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**D.32** **TITLE** **Improving mental health and substance abuse services for adolescents.**

**AUTHOR(S)** Robert Friedman, Barbara D. Burns and Lenore Behar

**JOURNAL** (1992) *Administration and Policy in Mental Health*, Volume 19, Number 3.

**GRANTEE** **RTC For Children's Mental Health, I.22**

**DESCRIPTION** Focuses on nine overlapping topics dealing with improving mental health and substance abuse services for adolescents and their families. Depending on the state of knowledge of each topic, the authors either highlight the importance of the area or offer a specific position statement. It is intended that these statements be reviewed for possible endorsement by the American College of Mental Health Administration (ACMHA) and for transmission to other professional organizations, federal and state governmental agencies, and the field in general.

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**D.33 TITLE** **Injury type, injury severity, and repeat occurrence of alcohol-related trauma in adolescents.**

**AUTHOR(S)** Ronald F. Maio, Joel Portnoy, Frederic C. Blow and Elizabeth M. Hill

**JOURNAL** (1994) *Research Society on Alcoholism*, Volume 18, Number 2, 261-264.

**GRANTEE** **University of Michigan Model SCI Care System, I.27**

**DESCRIPTION** Purpose of study is to compare injured adolescents presenting to an emergency room with a positive serum alcohol concentration (SAC) with those injured adolescents with a negative serum alcohol concentration. Information collected included mechanism and severity of injury, outcome, serum alcohol concentration, length of stay, psychiatric history, prior or subsequent admission for injury and hospital charges. The results indicate that a SAC should be obtained on all adolescents admitted for trauma, that adolescents presenting with injuries and a positive SAC should be referred for alcohol and psychiatric assessment, and that injured adolescents may be at increased risk for repeat injuries in the future.

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**D.34 TITLE** **Interrelationships between crime, substance abuse, and aggressive behaviors among persons with traumatic brain injuries.**

**AUTHOR(S)** J. S. Kreutzer, J. Harris Marwitz and Adrienne D. Witol

**JOURNAL** (1995) *Brain Injury*, Volume 9, Number 8, 757-768.

**GRANTEE** **TBI Model System of Rehabilitation Care, I.26**

**DESCRIPTION** With a sample of 327 patients varying in severity of injury, the study investigates alcohol use patterns, arrest histories, behavioral characteristics and psychiatric treatment histories. Relative to the uninjured population, analysis revealed relatively high incidence of heavy drinking, both pre and post injury, among patients with a history of arrest. Increases in abstinence rates were found regardless of arrest history. In addition, a history of arrest was associated with a greater likelihood of psychiatric treatment. Findings also indicated relatively high levels of aggressive behaviors. Discussion focuses on implications for evaluation, rehabilitation and future research.

**D.35 TITLE** **Making treatment work.****AUTHOR(S)** Jo Ann Ford and Dennis Moore**JOURNAL** (1995) *i.e. Magazine*, Volume 3, Number 1, 19–23.**GRANTEE** **RRTC On Drugs and Disability, I.20****DESCRIPTION** Addresses issues related to substance abuse treatment for individuals with a diagnosed traumatic brain injury.**COST** Free**D.36 TITLE** **A multicenter longitudinal investigation of return to work and community integration following traumatic brain injury.****AUTHOR(S)** Angela M. Sanders, Jeffrey S. Kreutzer, Mitchell Rosenthal, Richard Delmonico and Mary Ellen Young**JOURNAL** (1996) *Journal of Head Trauma Rehabilitation*, Volume 11, Number 5, 70–84.**GRANTEE** **TBI Model System of Rehabilitation Care, I.26****DESCRIPTION** Article describes changes in employment status and community integration following traumatic brain injury and investigates relationships among outcomes, sociodemographics and injury related variables. The study was composed of patients with traumatic brain injury who received acute medical care at a Level I Trauma Center and received inpatient rehabilitation. Mean age of subjects was 33.9 years. The full range of injury severity was represented. Less than 40% of persons employed before injury were employed at any follow-up interval. Unemployed persons had longer acute hospital stays than employed persons at follow-up intervals. These findings highlight the need for post-acute rehabilitation programs with particular emphasis on vocational rehabilitation. Uncertainties remain about the impact of brain injury on socialization and home activity patterns, partly because of limitations in measurement of community integration.**D.37 TITLE** **Native American youth and alcohol: An annotated bibliography (book review).****AUTHOR(S)** Jennie R. Joe**JOURNAL** (1992) *American Ethnologist*. Volume 19, 184–185.**GRANTEE** **Native American Research and Training Center, I.8****DESCRIPTION** Following the forward, a 45 page introduction summarizes the materials to come and offers a brief cursory critique of them. Eleven categories are described: "Accidental death," "Biomedical factors," "Crime," "Etiology," "Gender," "Policy and prevention," "Reservations," "Sociological factors," "Suicide," "Treatment" and "Urban vs. Rural."

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**D.38 TITLE** **The nature and extent of substance abuse problems in persons with traumatic brain injury.****AUTHOR(S)** John D. Corrigan, Elizabeth Rust and Gary L. Lamb-Hart**JOURNAL** (1995) *Journal of Head Trauma Rehabilitation*, Volume 10, Number 3, 29-46.**GRANTEE** **RRTC On Drugs and Disability, I.20****DESCRIPTION** Provides preliminary data from a community-based substance abuse and traumatic brain injury program. Findings suggest that the program positively impacts abstinence rates and employment outcomes.**COST** Free

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**D.39 TITLE** **Neurobehavioral functioning, substance abuse, and employment after brain injury: Implications for vocational rehabilitation.****AUTHOR(S)** Angela M. Sanders, Jeffrey S. Kreutzer and Carmen C. Fernandez**JOURNAL** (1997) *Journal of Head Trauma Rehabilitation*, Volume 12, Number 5, 28-41.**GRANTEE** **TBI Model System of Rehabilitation Care, I.26****DESCRIPTION** Article describes neurobehavioral and substance abuse problems distinguishing between employed and unemployed persons with brain injury and proposes relevant vocational rehabilitation interventions. Patients are evaluated an average of 16 months after injury. Employed (33%) and unemployed (67%) groups are similar regarding age and chronicity, but unemployed persons have more severe injuries. The conclusion of the study states that the unique neurobehavioral difficulties of unemployed persons should be carefully considered when developing empirically based pre-placement training, job matching and post-placement interventions. The high rate of alcohol use among employed persons indicates the need for follow-along that emphasizes education and prevention.

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**D.40 TITLE** **A prospective longitudinal multicenter analysis of alcohol use patterns among persons with traumatic brain injury.**

**AUTHOR(S)** Jeffrey S. Kreutzer, Angela M. Sanders, David X. Cifu and Jennifer Harris Marwitz

**JOURNAL** (1996) *Journal of Head Trauma Rehabilitation*, Volume 11, Number 5, 58-69.

**GRANTEE** **TBI Model System of Rehabilitation Care, I.26**

**DESCRIPTION** Article describes long-term post injury drinking patterns of persons with traumatic brain injury and to identify injury related and sociodemographic factors related to post injury consumption. For the longitudinal group results revealed substantial differences in drinking ratings for individuals over time. A pattern of increasing consumption was indicated. The study was composed of patients with moderate and severe brain injury who received acute medical care and inpatient rehabilitation. Inclusion criteria were: patient > 16 years old, participation in follow-up medical and psychological evaluations and willingness to provide information regarding alcohol consumption. At each follow-up interval, the proportion of persons classified as moderate or heavy drinkers was generally comparable to that in the general population. For the cross-sectional sample, c2 analyses revealed no significant differences in the distribution of drinking classifications across follow-up intervals. For the longitudinal group, however, Wilcoxon matched-pairs signed-ranks tests revealed substantial differences in drinking ratings for individuals over time. A pattern of increasing consumption was indicated. Correlational analyses revealed higher consumption levels for younger persons and those with higher admission blood alcohol levels. Furthermore, relationships were observed between injury severity and consumption levels. Higher levels of disability were associated with lower consumption rates. The data suggests that alcohol use patterns may be cost-effective, particularly for younger persons and those with a pre-injury history of problem drinking.

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**D.41 TITLE** **Policy responses to substance abuse and disability: A concept paper.**

**AUTHOR(S)** Dennis Moore and Jo Ann Ford

**JOURNAL** (1996) *Journal of Disability Policy Studies*, Volume 7, Number 1, 91-106.

**GRANTEE** **RRTC On Drugs and Disability, I.20**

**DESCRIPTION** Paper describes need for disability agency substance abuse policies and how to write a policy, also gives a sample or "model" policy to use as a guideline for VR and other programs.

**D.42 TITLE** **Pre-injury crime, substance abuse, and neurobehavioral functioning after traumatic brain injury.**

**AUTHOR(S)** Stephanie A. Kolakowski-Hayner & Jeffrey S. Kreutzer

**JOURNAL** (2001 January) *Brain Injury*. Volume 15, Number 1, 53-63.

**GRANTEE** **TBI Model System of Rehabilitation Care, I.26**

**DESCRIPTION** Investigating the possible connections between pre-injury crime, substance abuse, and neurobehavioural functioning after traumatic brain injury, this article outlines a study which includes 211 patients with TBI, who were seen for a follow-up neuropsychological evaluation in an out-patient setting. An effort was made to distinguish between (1) patients with a history of pre-injury arrests and patients without a history of pre-injury arrests, (2) patients classified as substance abusers and non-abusers, and (3) patients with and without a history of illicit drug use on the basis of demographic characteristics, injury characteristics, and neurobehavioral functioning. Results indicate significant differences between patients with a history of pre-injury arrests and patients without a history of pre-injury arrests in terms of demographic and injury characteristics. Differences were also noted between persons classified as substance abusers and non-abusers in terms of demographic and injury characteristics, and neurobehavioral functioning.

**D.43 TITLE** **Pre-injury substance abuse among persons with brain injury and persons with spinal cord injury.**

**AUTHOR(S)** Stephanie A. Kolakowsky-Hayner, Eugene V. Gourley III, Jeffrey S. Kreutzer, Jennifer H. Marwitz, David X. Cifu, & William O. McKinley

**JOURNAL** (1999) *Brain Injury*. Volume 13, Number 8, 571-581.

**GRANTEE** **TBI Model System of Rehabilitation Care, I.26**

**DESCRIPTION** The article addresses an investigation of pre-injury substance abuse and traumatic brain injury (TBI) and spinal cord injury (SCI). The study was based in an urban level I trauma center. Pre-injury patterns of alcohol and illicit drug use were compared among patients with SCI and patients with TBI matched for age, gender, race and mechanism of injury. Participants were primarily male, young and unmarried with at least a high school education. 56% of patients with SCI and 42% of patients with TBI were heavy drinkers. Implications for risk identification, treatment, and future research are addressed in the article.

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<b>D.44</b>	<b>TITLE</b>	<b>Preparation of rehabilitation counselors to serve people living with HIV/AIDS.</b>
<b>JOURNAL</b>	(1998) <i>Rehabilitation Counseling Bulletin</i> , Volume 41, Number 3, 190-200.	
<b>AUTHOR(S)</b>	Margaret Glenn, Jorge Garcia, Li Li and Dennis Moore	
<b>GRANTEE</b>	<b>RRTC On Drugs and Disability, I.20</b>	
<b>DESCRIPTION</b>	The researchers investigate the relationship among rehabilitation counselor's years of experience in rehabilitation, age, sex, previous training and experience with HIV/AIDS and three criterion variables, namely their perceptions, knowledge and self-reported level of skills in working with people living with HIV/AIDS. Results indicate statistically significant correlations between predictor and criterion variables.	
<b>COST</b>	Free	
<b>D.45</b>	<b>TITLE</b>	<b>Prescription medication misuse among persons with spinal cord injuries.</b>
<b>AUTHOR(S)</b>	Allen W. Heinemann, Tami E. McGraw, Michael J. Brandt, Elliot Roth, Carolyn Dell'Oliver, and Sidney Schnoll	
<b>JOURNAL</b>	(1992) <i>The International Journal of the Addictions</i> . Volume 27 Number 3, 301-316.	
<b>GRANTEE</b>	<b>Relation of Rehabilitation Intervention to Functional Outcome in Acute and Subacute Settings, I.14</b>	
<b>DESCRIPTION</b>	The article reports on a study addressing the use of prescription medication, alcohol, and illicit substances and the resulting problems for people with a spinal cord injury (SCI). Depression and acceptance of disability were also addressed. The article explores the connection between use and misuse of prescription medication and depression and disability acceptance. It also explores looks at a connection between problems arising from use of prescription and nonprescription medication and the rate of depression and acceptance of disability. The includes the results of the study and what those results suggest.	
<b>D.46</b>	<b>TITLE</b>	<b>Substance use among rehabilitation consumers of vocational rehabilitation services.</b>
<b>AUTHOR(S)</b>	Dennis Moore and Li Li	
<b>JOURNAL</b>	(1998) <i>The American Journal on Addictions</i> , Volume 7, Number 2, 93-102.	
<b>GRANTEE</b>	<b>RRTC On Drugs and Disability, I.20</b>	

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**DESCRIPTION** Examines patterns and risk factors of illicit drug use among people with disabilities by use of a random sample of 1,876 persons actively involved in vocational rehabilitation in three Midwestern states.

**COST** Free

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**D.47** **TITLE** **A program of interventions for substance abuse following traumatic brain injury.**

**AUTHOR(S)** John D. Corrigan, Gary L. Lamb-Hart and Elizabeth Rust.

**JOURNAL** (1995) *Brain Injury*, Volume 9, Number 3, 221-236.

**GRANTEE** **RRTC On Drugs and Disability, I.20**

**DESCRIPTION** Describes a pilot community-based program that addresses substance abuse in people with traumatic brain injuries. Results show the efficacy of this model.

**COST** Free

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**D.48** **TITLE** **Spinal cord injury identified with violence: Community reintegration in urban areas.**

**AUTHOR(S)** Rodney H. Adkins, Bruce Hume, Melinda Nabor and Robert L. Waters

**JOURNAL** (1998) *Topics in Spinal Cord Injury Rehabilitation*, Volume 4, 18-27.

**GRANTEE** **Regional Spinal Cord Injury Care System of Southern California, I.12**

**DESCRIPTION** Data from a two part study comparing outcomes related to firearm injuries versus injuries caused by motor vehicle crashes are reanalyzed from the perspective of an operational definition of antisocial behavior.

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**D.49** **TITLE** **Substance abuse and crime patterns among persons with traumatic brain injury referred for supported employment.**

**AUTHOR(S)** Jeffrey S. Kreutzer, Paul Wehman, Jennifer Harris, Cheryl Burns and Harold F. Young

**JOURNAL** (1991) *Brain Injury*, Volume 5, Number 2.

**GRANTEE** **TBI Model System of Rehabilitation Care, I.26**

**DESCRIPTION** Primary caretakers of 74 consecutive referrals completed the General Health and History Questionnaire, the Quantity-Frequency-Variability Index and the Brief Michigan Alcoholism Screening Test. This investigation examines the incidence of alcohol use, drug use and criminal behavior among these persons with traumatic brain injury referred for supported employment. Implications for further research and program development are discussed.

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<b>D.50</b>	<b>TITLE</b>	<b>Substance abuse and medical complications following spinal cord injury. (revised)</b>
<b>AUTHOR(S)</b>	Allen W. Heinemann & Darlene Hawkins	
<b>JOURNAL</b>	(1998) <i>Rehabilitation Psychology</i> . Volume 43, Number 3, 219-231.	
<b>GRANTEE</b>	<b>RTC for Treatment of Secondary Complications of SCI, I.16</b>	
<b>DESCRIPTION</b>	The article addresses a study of a group of people with recent spinal cord injuries (SCI) examined the use of alcohol and other drugs and how it relates to the occurrence of pressure ulcers and urinary tract infections (UTI). Abstainers with histories of drinking problems before SCI were at greater risk for UTIs for 7 to 12 months after injury and for longer hospital stays. Pre-injury illicit substance abuse was related to an increased risk of pressure ulcers 30 months after SCI. The study indicates that if psychologists inquire about substance abuse patterns they can explore ways in which self-care habits are related to substance abuse.	
<b>D.51</b>	<b>TITLE</b>	<b>Substance abuse and medical complications following spinal cord injury.</b>
<b>AUTHOR(S)</b>	Allen W. Heinemann & Darlene Hawkins	
<b>JOURNAL</b>	(1995) <i>Rehabilitation Psychology</i> . Volume 40, Number 2, 125-140.	
<b>GRANTEE</b>	<b>RTC for Treatment of Secondary Complications of SCI, I.16</b>	
<b>DESCRIPTION</b>	This study of a group of people with recent spinal cord injuries (SCI) examined the use of alcohol and other drugs and how it relates to the occurrence of pressure ulcers and urinary tract infections. An increased risk of pressure ulcer after injury is associated with preinjury use of illicit drugs; urinary tract infections are more prevalent in people with a history of heavy drinking. Psychologists, if they address substance use and abuse patterns, can help abstaining problem drinkers develop appropriate strategies that encourage self-care habits that prevent complications related to substance use.	
<b>D.52</b>	<b>TITLE</b>	<b>Substance abuse as a mediating factor in outcome from traumatic brain injury.</b>
<b>AUTHOR(S)</b>	John D. Corrigan	
<b>JOURNAL</b>	(1995) <i>Archives of Physical Medicine and Rehabilitation</i> , Volume 76, 302-306.	
<b>GRANTEE</b>	<b>RRTC On Drugs and Disability, I.20</b>	
<b>DESCRIPTION</b>	Reviews recent research in the field of substance abuse and traumatic brain injury. Discusses the implications for rehabilitation.	
<b>COST</b>	Free	

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**D.53 TITLE Substance abuse assessment and treatment in vocational rehabilitation for persons with brain injury.**

**AUTHOR(S)** Jeffrey S. Kreutzer, Jennifer Harris Marwitz and Paul H. Wehman  
**JOURNAL** (1991) *Journal of Head Trauma Rehabilitation*, Volume 6, Number 3.

**GRANTEE TBI Model System of Rehabilitation Care, I.26**

**DESCRIPTION** To assist vocational rehabilitation professionals, information is presented regarding commonly used terminology, pre- and post injury levels of substance abuse and assessment methodologies. Guidelines for policy development and implementation as well as education and prevention efforts are described.

**D.54 TITLE Substance abuse prevalence and co-morbidity with other psychiatric disorders among adolescents with severe emotional disturbance.**

**AUTHOR(S)** Paul Greenbaum, Mark Prangle, Robert Friedman and Starr Silver  
**JOURNAL** (1991) *Journal of the American Academy of Child & Adolescent Psychiatry*, Volume 30, Number 4, 575-573.

**GRANTEE RTC For Children's Mental Health, I.22**

**DESCRIPTION** Among 547 adolescents with serious emotional disturbances, ages 12 to 18, the study assesses (1) the prevalence of DSM-III substance abuse disorders, and (2) co-morbidity with DSM-III Axis I disorders.

**D.55 TITLE Substance abuse, violence, and outcome after traumatic spinal cord injury.**

**AUTHOR(S)** William O. McKinley, Stephanie A. Kolakowsky-Hoyner, & Jeffrey S. Kreutzer  
**JOURNAL** (1999) *American Journal of Physical Medicine and Rehabilitation*, Volume 78, 306-312.

**GRANTEE VCU Model SCI System, I.28**

**DESCRIPTION** The article explores the connections among substance abuse, violence, and rehabilitation outcome after a traumatic spinal cord injury (SCI). Admission toxicology screens (drug and alcohol) were collected from 87 consecutive rehabilitation medicine patients with a diagnosis of acute traumatic spinal cord injury. More than half tested positive for alcohol and 75% of those met state criteria for alcohol intoxication. Compared with individuals with negative screens, those with positive screens were significantly younger and unmarried. Compared with non-violence related SCI, patients with violence related SCI (gunshot, assault) were significantly more likely to have positive admission screens. The study has important implications with regard to prevention of traumatic SCI.

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**D.56 TITLE** **Substance use among rehabilitation consumers of vocational rehabilitation services.**
**AUTHOR(S)** Dennis Moore and Li Li

**JOURNAL** (1993) *Journal of Rehabilitation*, Volume 60, Number 4, 48-53.

**GRANTEE** **RRTC On Drugs and Disability, I.20**
**DESCRIPTION** Study reports findings of a regional survey of substance use among rehabilitation consumers seeking vocational rehabilitation services (N=227). Prevalence and patterns of smoking, alcohol, illicit drug and medication use are described in comparison with that of general population. Taking into account disability backgrounds, this study also examines relationships between substance use and disability onset, multiple disability and chronic pain. Findings suggest that respondents with favorable attitudes toward substance use are more likely to use alcohol and other drugs.

**COST** Free

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**D.57 TITLE** **Substance use and receipt of treatment by persons with long-term spinal cord injuries.**
**AUTHOR(S)** Allen W. Heinemann, Matthew D. Doll, Kevin J. Armstrong, Sidney Schnoll, and Gary M. Yarkony

**JOURNAL** (June 1991) *Archives of Physical Medicine and Rehabilitation*, Volume 72, 482-487.

**GRANTEE** **Relation of Rehabilitation Intervention to Functional Outcome in Acute and Subacute Settings, I.14**
**DESCRIPTION** The article reports the process and results of a study whose goal was to assess the rate of self-reported substance use, consequent problems, perceived need for treatment, and receipt of treatment by persons with long-term SCI. The study found that 70% of the subjects reported problems resulting from substance abuse, and 52% reported problems during the post injury period. The research indicates that assessment of problems related to substance use among people with SCI and provision of appropriate treatment are important in preventing potential dual disability.

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**D.58 TITLE** **Substance use by persons with recent spinal cord injuries.**
**AUTHOR(S)** Allen W. Heinemann, Brian Mamott and Sidney Schnoll

**JOURNAL** (1990) *Rehabilitation Psychology*, Volume 35, Number 4, 217-228.

**GRANTEE** **Relation of Rehabilitation Intervention to Functional Outcome in Acute and Subacute Settings, I.14**

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**DESCRIPTION** The article illustrates a study that focused on substance abuse or use among people with spinal cord injuries (SCI), using substance use histories for 103 people with recent SCI. The study compared those findings with substance use according to age nationally. The extent of intoxication when the injury occurred was also addressed. The study found that those people with SCI and a lifetime exposure to and use of substances with abuse potential were greater than for a like-age national sample. The article indicates that it is important to screen for substance abuse in persons who incur traumatic injury.

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**D.59 TITLE** **A survey of vocational rehabilitation counselors concerning American Indian and Alaska Native clients with alcohol and other drug abuse disorders.**

**AUTHOR(S)** Robert M. Schacht and Lee Gaseoma

**JOURNAL** (1997) *American Indian and Alaskan Native Mental Health Research*, Volume 7, Number 3, 50-67.

**GRANTEE** **American Indian RRTC, I.2**

**DESCRIPTION** VR counselors in states where many American Indians reside were questioned about the characteristics of their American Indian clients with alcoholism or drug abuse problems and the kinds of services that were provided to them. Order#: RR 46, 18 pages.

**COST** \$2.00

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**D.60 TITLE** **Toxicology screening in acute spinal cord injury.**

**AUTHOR(S)** Allen W. Heinemann, Sidney Schnoll, Michael Brandt, Roger Maltz, and Mary Keen

**JOURNAL** *Alcoholism: Clinical and Experimental Research*. November/December 1988, Volume 12, Number 6, 815-819..

**GRANTEE** **Relation of Rehabilitation Intervention to Functional Outcome in Acute and Subacute Settings, I.14**

**DESCRIPTION** The article reports on the investigation of the validity of self-reported intoxication at time of spinal cord injury (SCI). Through a study of 88 people admitted to an acute care facility, blood and urine analysis indicated that 62% of the sample had laboratory evidence of intoxication, but only 42% reported being under the influence of some substance at time of SCI. The article goes on to raise questions that may be helpful in understanding the reason for false self-reporting of intoxication at the time of SCI.

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**D.61 TITLE** **Triple trouble: Alcohol abuse by women with disabilities.**

**AUTHOR(S)** Li Li and Jo Ann Ford

**JOURNAL** (1996) *Applied Behavioral Science Review*, Volume 4, Number 1, 99-109.

**GRANTEE** **RRTC On Drugs and Disability, I.20**

**DESCRIPTION** Study provides a primary examination of alcohol use patterns and drinking related problems among women with disabilities.

**COST** Free

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**D.62 TITLE** **The use of the CAGE Questionnaire to assess alcohol abuse among spinal cord injury persons.**

**AUTHOR(S)** Denise G. Tate

**JOURNAL** (January, February, March 1994) *Journal of Rehabilitation*, Volume 60, Number 1, 31-35.

**GRANTEE** **University of Michigan Model SCI Care System, I.27**

**DESCRIPTION** Study investigates the use of a screening questionnaire, the CAGE (Cut, Annoyed, Guilty, Eye opener), to assess potential alcohol abuse among persons with SCI during their inpatient rehabilitation program. Also examines relationship between subject's responses to the CAGE questionnaire and their histories of alcohol and substance abuse, as reported in their medical charts. Thirdly, the associations of potential alcohol abuse with subject's chronological age and with their physician's assessed post-discharge medical complications are examined. The findings suggest the importance of rehabilitation professionals assessing potential alcohol abuse among persons with SCI during inpatient rehabilitation in order to prevent complications after discharge.

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**D.63 TITLE** **What rehabilitation counselors can do about clients with substance abuse.**

**AUTHOR(S)** Charles Bombardier

**JOURNAL** *Directions in Rehabilitation Counseling* (in press).

**GRANTEE** **Northwest Regional Spinal Cord Injury System, I.9**

**DESCRIPTION** Spinal cord injury (SCI) and traumatic brain injury (TBI) are disabling conditions with significant links to alcohol abuse. In this journal article, TBI and SCI are used as examples of disabling conditions rehabilitation professionals can impact. Among topics discussed are 1) motivational interviewing, 2) historical perspectives — alcoholism, 3) disease model — alcoholism, 4) screening, and 5) intervention strategies.

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**D.64 TITLE** **Work status and attrition from longitudinal studies are influenced by psychiatric disorder.****AUTHOR(S)** James A. Fauerbach, John Lawrence, Sandra Stevens and Andrew Munster**JOURNAL** (1998) *Journal of Burn Care & Rehabilitation*, Volume 19, Number 3.**GRANTEE** **Johns Hopkins University Burn Injury Rehabilitation Model System, I.4****DESCRIPTION** Participants (n = 95) were assessed at the time of discharge and at 4- and 12-month intervals after discharge in regard to work status and psychiatric history both before and after the burn injury. Complex psychiatric co-morbidity and substance abuse disorders that occurred before the burn injury each significantly raised the risk of unemployment before the burn injury; pre-burn substance abuse also affected unemployment at 4 months after the burn injury. Trends for higher unemployment rates at 12 months after discharge also were noted among those with a pre-burn history of complex psychiatric co-morbidity and alcohol use, anxiety or mood disorder.

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## E. Newsletters and Articles

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**E.1 TITLE** **Alcohol: Who uses it, who abuses it?****AUTHOR(S)** Greg Goldstein and Linda Herson**NEWSLETTER** (Fall 1995) *Healthworks*, 1-2.**GRANTEE** **RRTC in Community Integration for Individuals with SCI, I.19****DESCRIPTION** Lead article in newsletter targeting people with SCI, their families and service providers.**COST** \$1.50

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<b>E.2</b>	<b>TITLE</b>	<b>Employing and accommodating individuals with histories of alcohol and drug abuse.</b>
<b>AUTHOR(S)</b>	Ellen M. Weber	
<b>NEWSLETTER</b>	(March 1994) <i>ADA Materials Development Project Relating to Employment</i> , Cornell University	
<b>GRANTEE</b>	<b>ADA Materials Development Project Relating to Employment, I.1</b>	
<b>DESCRIPTION</b>	Article answers pertinent questions such as: Why is drug and alcohol abuse considered a disability?, What protection against discrimination are these individuals granted?, What is "current" illegal use of a drug?, What medical tests are permitted to determine whether an individual has a drug or alcohol problem?, What can employers do to ensure that an individual is no longer using drugs? and What accommodations are required?	
<b>COST</b>	\$2.00	
<b>ALSO AVAILABLE</b>	ONLINE: As a PDF download: < <a href="http://www.ilr.cornell.edu/extension/files/download/Alcohol.pdf">http://www.ilr.cornell.edu/extension/files/download/Alcohol.pdf</a> >	
<b>E.3</b>	<b>TITLE</b>	<b>Medications: A double-edged sword.</b>
<b>AUTHOR(S)</b>	Richard Holicky	
<b>NEWSLETTER</b>	(September 1995) <i>Paraplegia News</i> , Volume 49, Number 9, 47-50.	
<b>GRANTEE</b>	<b>RRTC on Aging with Spinal Cord Injury, I.18</b>	
<b>DESCRIPTION</b>	Includes an article about medications, Medications: A double-edged sword, that addresses risk factors and misuse. Discussion on how to stay safe when using multiple therapeutic prescription and over-the-counter drugs.	
<b>E.4</b>	<b>NEWSLETTER</b>	<b>ONLINE: Substance Abuse Resources and Disability Issues (SARD). Special Edition, Spring 1994.</b>
	<b>GRANTEE</b>	<b>RRTC On Drugs and Disability, I.20</b>
<b>DESCRIPTION</b>	This issue includes: SARDI funded to establish new Research and Training Center; Director's report; SARDI model provides direct service training; Chicago Hearing Society creates provider network; and Training available for special educators.	
<b>COST</b>	Free	

**E.5 NEWSLETTER****ONLINE: Substance Abuse Resources and Disability Issues.***Volume 6, Number 1, March 1995.***GRANTEE RRTC On Drugs and Disability, I.20**

**DESCRIPTION** This issue includes: J.R. Five years later: Still winning; model programs spotlight TBI Network; Vocational rehabilitation counselors view "JR's Story;" Government Titles available; and SARDI wins national and state awards of excellence.

**COST** Free**E.6 NEWSLETTER****ONLINE: Substance Abuse Resources and Disability Issues.***Volume 6, Number 2, July 1995.***GRANTEE RRTC On Drugs and Disability, I.20**

**DESCRIPTION** This issue includes: Model programs spotlight: State Training Institute and Rehabilitation Center (STIRC); Substance abuse and the ADA; Being part of "PALS;" SARDI's RRTC on Drugs and Disability to co-sponsor national conference; and National survey results available.

**COST** Free**E.7 NEWSLETTER****ONLINE: Substance Abuse Resources and Disability Issues.***Special Edition HIV/AIDS, Spring 1996.***GRANTEE RRTC On Drugs and Disability, I.20**

**DESCRIPTION** This issue includes: Double Jeopardy: HIV and disability; Model programs spotlight: Multitasking systems; Cindy's story: A personal perspective on HIV and Disability; HIV, workplace discrimination and the ADA; AIDS and Disability Action Project, Vancouver, BC; and World Institute on Disability: HIV/AIDS Disability Project.

**COST** Free**E.8 NEWSLETTER****ONLINE: Substance Abuse Resources and Disability Issues.***Volume 8, Number 1, Fall 1997.***GRANTEE RRTC On Drugs and Disability, I.20**

**DESCRIPTION** This issue includes: Substance abuse among consumers of vocational rehabilitation services; Model programs spotlight: Consumer Advocacy Model (CAM); and Providing accessible prevention education for youth with disabilities.

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<b>E.9</b>	<b>TITLE</b>	<b>Thresholds' mothers project's family support program and parenting wards program.</b>
	<b>AUTHOR(S)</b>	Jessica Jonikas and Mary Ann Zeitz
	<b>NEWSLETTER</b>	(Spring 1995) <i>Community Support News</i> , Volume 10, Number 3, 8.
	<b>GRANTEE</b>	<b>National RTC On Psychiatric Disability, I.7</b>
	<b>DESCRIPTION</b>	The Thresholds program is described. The Chicago-based program serves mothers and fathers with psychiatric disorders and their children. Among the many services listed are services for parents who have substance abuse disorders including screening, support and educational groups and individual counseling. Specialized support groups are offered for those parents who are adult children of families with histories of substance abuse.
	<b>ALSO AVAILABLE</b>	The Center for Psychiatric Rehabilitation, Boston, (617) 353-3549
<b>E.10</b>	<b>TITLE</b>	<b>What self-care means — A lesson learned.</b>
	<b>AUTHOR(S)</b>	Linda Lindsey
	<b>NEWSLETTER</b>	<i>Pushin' On</i> , Volume 13, Number 1.
	<b>GRANTEE</b>	<b>RRTC in Secondary Complications in SCI, I.21</b>
	<b>DESCRIPTION</b>	Short essay written by young female adult with a spinal cord injury who discovers the meaning and importance of self-care but not until medical emergencies, chemical dependence and depression began to destroy her life.
<b>E.11</b>	<b>TITLE</b>	<b>Who me? Drink too much?</b>
	<b>AUTHOR(S)</b>	Richard Holicky
	<b>NEWSLETTER</b>	(October 1995) <i>Paraplegia News</i> , Volume 49, Number 10, 56-59.
	<b>GRANTEE</b>	<b>RRTC on Aging with Spinal Cord Injury, I.18</b>
	<b>DESCRIPTION</b>	Includes an article about alcohol consumption, "Who, Me? Drink too much?" Identifies alcohol combined with aging and spinal cord injury as a risky combination. Identifies risk factors and where to go for help.

## F. Project Reports

<b>F.1</b>	<b>TITLE</b>	<b>Alcohol and substance abuse prevention curriculum project: An assessment of the effectiveness of the implementation of the Beauty Way curriculum and of the curriculum itself.</b>
	<b>AUTHOR(S)</b>	Robert M. Schacht
	<b>DATE</b>	August 1991
	<b>GRANTEE</b>	<b>American Indian RRTC, I.2</b>
	<b>DESCRIPTION</b>	This study examines and discusses the results of an evaluation of the Beauty Way curriculum, used on the Navajo Nation. Recommendations are made concerning the continued use of the curriculum. Order #: RR 27, technical report, 83 pages.
	<b>COST</b>	\$8.00
<b>F.2</b>	<b>TITLE</b>	<b>Co-occurring disorders in adolescence: Serious emotional disturbances and substance use disorders service needs for a vulnerable population.</b>
	<b>AUTHOR(S)</b>	Paul E. Greenbaum, Lynn Foster-Johnson and Amelia Petrila
	<b>DATE</b>	May 1994
	<b>GRANTEE</b>	<b>RTC For Children's Mental Health, I.22</b>
	<b>DESCRIPTION</b>	Report gathers comprehensive information on the status of adolescents who have been identified or may need to be identified as having both a serious emotional disturbance and substance use problems. Information is gathered regarding: 1) prevalence of population; 2) assessment tools available and their utility; 3) proposed service needs with state of the art practices identified; 4) current state of services; 5) policies that need to be addressed; and 6) research areas that need to be addressed.

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<b>F.3</b>	<b>TITLE</b>	<b>Directories of alcohol treatment centers with special programs for American Indians and Alaska Natives.</b>
	<b>AUTHOR(S)</b>	Robert M. Schacht & Margaret White
	<b>DATE</b>	2000
	<b>GRANTEE</b>	<b>American Indian RRTC, I.2</b>
	<b>DESCRIPTION</b>	The publication of this directory is aimed at assisting American Indian and Alaska Natives, and counselors, in identifying alcoholism treatment centers with programs specifically for these populations. Included in the directory entries, in addition to contact information and payment types accepted, are a list services and the Weibel-Orlando score. The Weibel-Orlando score to help identify the cultural sensitivity of treatment centers. The treatment centers are categorized by state, with 26 states represented.
<b>F.4</b>	<b>TITLE</b>	<b>An examination of the vocational rehabilitation needs of American Indians with behavioral health diagnoses in New York State.</b>
	<b>AUTHOR(S)</b>	Catherine A. Marshall, Susanne Bruyere, David Shern and Lois Jircitano
	<b>DATE</b>	1996
	<b>GRANTEE</b>	<b>American Indian RRTC, I.2</b>
	<b>DESCRIPTION</b>	This research project examines the current level of vocational rehabilitation and mental health services being provided in New York State to American Indians with behavioral health diagnosis. It assesses the need for services to ensure successful outcomes and identifies opportunities to establish and/or strengthen collaborative programs between Vocational and Educational Services for Individuals with Disabilities (VESID) and the New York State Office of Mental Health (OMH). Order#: RR 43, 111 pages.
	<b>COST</b>	\$11.00
<b>F.5</b>	<b>TITLE</b>	<b>Issues in the treatment of Native Americans with alcohol problems.</b>
	<b>AUTHOR(S)</b>	Timothy C. Thomason and Hanna Thurber
	<b>DATE</b>	1998
	<b>GRANTEE</b>	<b>American Indian RRTC, I.2</b>
	<b>DESCRIPTION</b>	This paper reviews the literature on the treatment of Native Americans who have alcohol or dependence disorders and discusses how to interpret research on this topic. Order #: RR49.
	<b>COST</b>	\$4.00

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<b>F.6</b>	<b>TITLE</b>	<b>Mental health and substance abuse services for adolescents: Clinical and service system issues.</b>
	<b>AUTHOR(S)</b>	Robert Friedman
	<b>DATE</b>	December 1990
	<b>GRANTEE</b>	<b>RTC For Children's Mental Health, I.22</b>
	<b>DESCRIPTION</b>	Paper seeks to identify critical clinical and service system issues needing to be addressed if mental health and substance abuse services are to effectively meet the needs of adolescents and their families. The paper not only identifies important issues but, in a concluding section, offers some general recommendations for addressing them. The paper is not intended to be a thorough and scholarly review of the current state of knowledge in the field but rather a selective highlighting of topics in order to provoke further discussion. The paper focuses both on clinical and service system issues and addresses the public, private not-for-profit and private for-profit section, and the relationship between them in the belief that each section has a vital role to play in meeting the mental health and substance abuse needs of adolescents.
<hr/> <b>F.7</b>	<b>TITLE</b>	<b>NCADI's 1995 National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs that have a special program for American Indians/Alaska Natives.</b>
	<b>AUTHOR(S)</b>	Compiled by Rebecca Vanderbilt and Robert Schacht
	<b>DATE</b>	February 1998
	<b>GRANTEE</b>	<b>American Indian RRTC, I.2</b>
	<b>DESCRIPTION</b>	Information compiled from the Web site of the National Clearinghouse for Alcohol and Drug Information, consisting of alcoholism treatment centers coded for having a specialized program for American Indians/Alaska Natives. No attempt has been made to determine what these programs are or to verify their current status. Instructions to access the Web site are included. Order#: D 4, 55 pages.
	<b>COST</b>	\$6.50
<hr/> <b>F.8</b>	<b>TITLE</b>	<b>Rehabilitation Research and Training Center on Drugs and Disability final report.</b>
	<b>DATE</b>	1997
	<b>GRANTEE</b>	<b>RRTC On Drugs and Disability, I.20</b>
	<b>DESCRIPTION</b>	Discusses findings of the RRTC on Drugs and Disability epidemiology study.
	<b>COST</b>	Free

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**F.9 TITLE** Substance abuse among consumers of vocational rehabilitation services: Executive summary of epidemiology study.

**DATE** December 1996

**GRANTEE** RRTC On Drugs and Disability, I.20

**DESCRIPTION** An epidemiological study of substance use and abuse by consumers of vocational rehabilitation services within a multi-state region in the mid-west. Previous research findings by SARDI indicated that substance abuse among VR consumers is hidden much more often than diagnosed. For this reason, the epidemiology study included all VR consumers, not just those with documented histories of substance use problems.

**COST** Free

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**F.10 TITLE** The vocational rehabilitation of American Indians who have alcohol or drug abuse disorders.

**AUTHOR(S)** Robert M. Schacht and Julie Baldwin

**DATE** 1997

**GRANTEE** American Indian RRTC, I.2

**DESCRIPTION** A summary of research, including information about treatment centers and vocational rehabilitation counselors. Order #: RR 47, 25 pages.

**COST** \$4.00

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**F.11 TITLE** The vocational rehabilitation of American Indians who have alcohol or drug abuse disorders.

**AUTHOR(S)** Robert M. Schacht and Lee Gaseoma

**DATE** December 1993

**GRANTEE** American Indian RRTC, I.2

**DESCRIPTION** The results of a survey of VR counselors in 14 states to determine the proportion of American Indian clients with alcohol or substance abuse problems and the kinds of specialized services provided to them. Order #: RR 3, 45 pages.

**COST** \$6.00

## G. Training Manuals

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<b>G.1</b>	<b>TITLE</b>	<b>ATOD prevention activities for youth and adults with disabilities.</b>
<b>AUTHOR(S)</b>	Jacques C. Demers (Ed.)	
<b>DATE</b>	1998	
<b>GRANTEE</b>	<b>RRTC On Drugs and Disability, I.20</b>	
<b>DESCRIPTION</b>	Developed for teachers, prevention specialists, health educators and others who have an impact on the lives of people with disabilities. Included are a broad selection of activities that can be used to help people with disabilities avoid involvement in unhealthy behaviors such as alcohol, tobacco and other drug use. The activities were designed to appeal to individuals with a wide range of cognitive abilities and learning styles. Also included are an overview of alcohol, tobacco and other drug prevention for people with disabilities and guidelines for implementing prevention activities with this population.	
<b>COST</b>	\$12.00	
 <b>G.2</b>	<b>TITLE</b>	<b>Brain injury and substance abuse.</b>
	<b>DATE</b>	1998
<b>GRANTEE</b>	<b>Ohio Regional Traumatic Brain Injury Model System, I.10</b>	
<b>DESCRIPTION</b>	This series of booklets contains information for professionals in healthcare, human services agencies and vocational rehabilitation. Its purpose is to provide the most up-to-date information about brain injury and substance use and abuse. Inside a folder are six booklets:  <i>Whatever it Takes:</i> 10 principles for community professionals helping persons with brain injury.  <i>ABUSE Screening:</i> How to screen for substance abuse among persons with brain injury.  <i>TBI Screening:</i> How to screen for traumatic brain injury.  <i>Stages of Change:</i> How people change addictive behavior and what supports the change process.  <i>Motivational Interviewing:</i> A counseling technique to help people make difficult changes.  <i>Community Teams:</i> How community professionals can work together collaboratively.	
<b>COST</b>	\$5.00	

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<b>G.3</b>	<b>TITLE</b>	<b>Chapter 9: Substance abuse services.</b> In <i>When a farmworker has a disability: A guide for providers.</i>
	<b>DATE</b>	October 1997
	<b>GRANTEE</b>	<b>Rehabilitation of Migrant &amp; Seasonal Farmworkers with Disabilities, I.13</b>
	<b>DESCRIPTION</b>	Chapter 9 addresses issues related to the definition of substance abuse and disability, raising awareness and making referrals, and available resources. Includes patient handouts in English and Spanish. Chapter is part of a larger resource for health care providers to help them understand disability issues and educate low-literacy farmworkers. Other chapters cover general disability issues, vocational rehabilitation, income support (SSI/SSDI), special education, adaptive aids, developmental disabilities and mental health services. Chapter 9 is not sold separately. Available: National Center for Farmworker Health, Inc., PO Box 150009, Austin, TX 78715, (512) 312-2700.
	<b>COST</b>	\$7.00
<b>G.4</b>	<b>TITLE</b>	<b>Chapter 11, Substance abuse.</b> In <i>Spinal cord injury: A manual for healthy living.</i>
	<b>DATE</b>	1998
	<b>GRANTEE</b>	<b>RRTC in Community Integration for Individuals with SCI, I.19</b>
	<b>DESCRIPTION</b>	One of twenty-nine chapters in the comprehensive publication, Spinal Cord Injury: A Manual for Healthy Living, this eight-page chapter provides a broad overview of substance abuse and SCI. Includes definitions of "substances of abuse" and information on the short- and long-term effects of alcohol, hallucinogens, marijuana, stimulants and depressants on people with spinal cord injury. Also included are questionnaires for self-assessment and information on organizations, programs and other resources for individuals and their family members. Chapter not sold separately.
	<b>COST</b>	\$60.00 plus \$7.50 shipping & handling for the entire manual.

G.5

**TITLE** **Disabilities and possible challenges in the learning environment.** In *Accommodating adults with disabilities in adult education programs.*

**DATE** May 1998

**GRANTEE** **R & D of a Model for Accommodating Adults with Disabilities in Education Programs, I.15**

**DESCRIPTION** Research and demonstration of a model for successfully accommodating adults with disabilities in adult education programs. Among the list of examples of challenges learners with disabilities may face in the classroom setting is a recovery from substance abuse category.

**COST** \$24.00

G.6

**TITLE** **Fetal Alcohol Syndrome: A training manual to aid in vocational rehabilitation and other non-medical services.**

**AUTHOR(S)** Robin A. LaDue, Robert M. Schacht, Patricia Tanner-Halverson, & Mark McGowan

**DATE** August 1999

**GRANTEE** **American Indian RRTC, I.2**

**DESCRIPTION** The training manual was developed to provide vocational rehabilitation and school counselors with information and tools as an adjunct to training. The manual is intended to aid the trainee in the following areas: 1) Understanding what fetal alcohol syndrome (FAS) is and what it is not; 2) Recognizing and assessing primary and secondary disabilities; 3) Screening for FAS or FARC; 4) Developing an individualized plan; 5) Designing and aiding the implementation of an individualized plan; and 6) Evaluate how a plan is working and make adjustments.

G.7

**TITLE** **The Hatherleigh guide to treating substance abuse, part II, introduction.**

**AUTHOR(S)** Eileen Wolkstein

**DATE** 1996

**GRANTEE** **RRTC On Drugs and Disability, I.20**

**DESCRIPTION** Volume II addresses the important issues affecting special populations of individuals with substance abuse problems. Twenty-two experts in the field discuss strategies for treating special populations of substance abusing patients.

**COST** \$29.95

**ALSO AVAILABLE** Hatherleigh Press, 1114 1st Avenue, New York, NY, 10021, 1-800-376-2550.

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<b>G.8</b>	<b>TITLE</b>	<b>HIV/AIDS &amp; people with serious mental illness: Strategies for service providers working with mental health consumers.</b>
<b>AUTHOR(S)</b>	Lisa Razzano, Cynthia Mason, Jay Callahan, Jerre Donnelly, Nicole Richardson and Margaret Murphy	
<b>DATE</b>	1997	
<b>GRANTEE</b>	<b>National RTC On Psychiatric Disability, I.7</b>	
<b>DESCRIPTION</b>	The chapter on substance abuse includes: Prevalence of SA in specific diagnostic groups, reasons for SA among persons with severe mental illness, drugs of choice, unique problems, relationship of SA to risk for HIV infection in persons with mental illness and clinical implications.	
<b>COST</b>	\$10.00	
<b>G.9</b>	<b>TITLE</b>	<b>Hospital to community independent living program manual.</b>
<b>AUTHOR(S)</b>	Darlene A. Groomes, Denise Tate, Marty Forchheimer, Mark Arnett, RoAnne Chaney, Rosalie Karunas and Julie Smith	
<b>DATE</b>	March 1996	
<b>GRANTEE</b>	<b>University of Michigan Model SCI Care System, I.27</b>	
<b>DESCRIPTION</b>	Manual includes Module II on substance abuse. The unit objectives include (1) increasing the participant knowledge of the effects and possible interaction of prescription and over-the-counter medications, alcohol and illicit drugs, and (2) helping the participant to examine the importance of the role of alcohol and illicit drugs in their lives and home environments.	
<b>COST</b>	Cost of printing and mailing.	
<b>G.10</b>	<b>TITLE</b>	<b>Living with psychiatric disability and HIV/AIDS.</b>
<b>AUTHOR(S)</b>	John H. Perry, Laura L. Mancuso, Lisa Razzano and Judith A. Cook	
<b>DATE</b>	1997	
<b>GRANTEE</b>	<b>National RTC On Psychiatric Disability, I.7</b>	
<b>DESCRIPTION</b>	122-page manual developed from a need for more information about mental health consumers who are HIV-positive. Appendix B, Study Instruments, includes three questions regarding consumer SA in the interview protocols.	
<b>COST</b>	\$10.00	

**G.11 TITLE** **The Minority Student Enhancement Program.****AUTHOR(S)** Rehabilitation Research and Training Center on Drugs & Disability**DATE** July 2001**GRANTEE** **RRTC On Drugs and Disability, I.20****DESCRIPTION** This handbook details components for students and faculty mentors for the MSEP program funded by NIDRR. This program serves undergraduate students from Historically Black Colleges and Universities, and it provides them with an intensive, year long internship in rehabilitation science, substance abuse, and an introduction to persons with disabilities. The handbook contains goals, objectives, a curriculum, lesson plans, and evaluation suggestions for the program.

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**G.12 TITLE** **Orientation to deafness and hearing loss:  
Identity, culture and resiliency.****AUTHOR(S)** Jo Ann Ford, Dennis Moore and Jean Modry (Ed.)**DATE** March 1996**GRANTEE** **RRTC On Drugs and Disability, I.20**

This set includes a manual and two signed video tapes which were developed for use as either a self-guided training or as part of a group training. The manual and accompanying videotapes explore hearing loss, Deaf culture, risks for substance abuse and resiliency traits. Resources for further study are included as well. All tapes have sign language interpretation.

**COST** \$50.00

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**G.13 TITLE** **Providing vocational services to clients in substance abuse rehabilitation.****AUTHOR(S)** Eileen Wolkstein and Haire Spiller**DATE** (1998) *Directions in Rehabilitation Counseling*, Volume 9, 65-77.**GRANTEE** **RRTC On Drugs and Disability, I.20****DESCRIPTION** The lesson focuses on a holistic approach to vocational rehabilitation for consumers with substance abuse disabilities. The delivery of such services is addressed and strategies to overcome obstacles to the delivery of these services are offered.**COST** Free

**G.14 TITLE** **Skill-based substance abuse prevention counseling.**

**AUTHOR(S)** Mervin J. Langley & Mary P. Ridgely

**DATE** 1992

**GRANTEE** **Substance Abuse as a Barrier to Employment for Persons with TBI, I.25**

**DESCRIPTION** This manual describes the connection between substance use and neuropsychological impairment. The two can be a cause or consequence of the other, and one also complicates the other. The manual is to describe a treatment approach which addresses behaviors related to the underlying vulnerability, substance use, and related neurological deficits. Individuals learn coping strategies other than substance use for mitigating of the behavioral, affective, and arousal components of the interaction. Part I contains a theoretical review of neurological disability and addictive behavior. This section constructs the rationale for treatment through an examination of research and clinical findings relating to vulnerability, substance abuse, and neurological disability. Procedures are described operationally, integrating treatment research data. A variety of general and phase-specific intervention guidelines emerge from this discussion. Part II contains a detailed 12 session treatment blue print, demonstrating time limited implementation of coping skill training.

**G.15 TITLE** **Substance abuse, disability, and vocational rehabilitation.**

**TYPE** Training Manual

**AUTHOR(S)** Eileen Wolkstein and Dennis Moore

**DATE** 1996

**GRANTEE** **RRTC On Drugs and Disability, I.20**

Set of nine curriculum modules, case studies and guides provides a wealth of information about providing services to people with co-existing disabilities and is applicable to vocational rehabilitation professionals, substance abuse professionals and other professionals who are working with this population. Modules can be used alone or in combination to meet a variety of training needs. Modules included: addressing substance abuse in rehabilitation counseling; integrating substance abuse in community based rehabilitation programs; collaboration and consumer empowerment; psychosocial adjustment and vocational planning; job placement issues and approaches; relapse prevention; and career planning.

**COST** \$10.00

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**G.16 TITLE Substance abuse, disability and vocational rehabilitation.****TYPE** Internet course**AUTHOR(S)** Eileen Wolkstein and Dennis Moore**DATE** 1999**GRANTEE RRTC On Drugs and Disability, I.20**

This Web course, which requires online registration and a user password, is designed to provide current information and skill building in the area of substance abuse and coexisting disabilities with an emphasis on vocational rehabilitation strategies. By taking this course, participants will increase their knowledge of the risks and consequences associated with substance abuse and disability. This course can be used to gain college credits, CEUs or CRCs. It can also be purchased for a minimal fee as a textbook or can be used for trainings within agencies and institutions, or for private use.

**AVAILABLE** ONLINE: Drug Abuse and Disability Web Site: "Substance Abuse, Disability and Vocational Rehabilitation" <<http://nri.drake.edu/nyu>>

**G.17 TITLE Substance use and abuse after brain injury:  
A programmer's guide.****AUTHOR(S)** Ohio Valley Center for Brain Injury Prevention and Rehabilitation**DATE** 1998**GRANTEE Ohio Regional Traumatic Brain Injury Model System, I.10**

**DESCRIPTION** Contents include a broad overview, stages of change for individuals who use or abuse substances, patient education program, parent or significant other education program, screening, assessment, motivational interviewing, concept of team approach, making referrals and follow-up and handouts designed for facility-based professionals.

**COST** \$5.00 each (complimentary samples available)

**G.18 TITLE Systematic Motivational Counseling: A Treatment Manual.****AUTHOR(S)** W. Miles Cox, Eric Klinger, Joseph P. Blount**DATE** 1993**GRANTEE Substance Abuse as a Barrier to Employment for Persons with TBI, I.25**

**DESCRIPTION** The Motivational model of alcohol use is defined in this manual. Motivation is used in a technical sense that does not correspond to its common use to refer to alcoholics' "unwillingness" to change. Systematic Motivational Counseling (SMC) techniques are concisely defined in the manual's 55 pages.

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<b>G.19</b>	<b>TITLE</b>	<b>User's manual for faster... More reliable operation of a brain after injury.</b>
<b>AUTHOR(S)</b>	Ohio Valley Center for Brain Injury Prevention and Rehabilitation	
<b>DATE</b>	1997	
<b>GRANTEE</b>	<b>Ohio Regional Traumatic Brain Injury Model System, I.10</b>	
<b>DESCRIPTION</b>	A secondary prevention education piece for survivors of brain injury and family members presenting material about the adverse effects of substance use after a brain injury.	
<b>COST</b>	\$ .40 each (complimentary samples available)	

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## **H. Video and Audio Tapes**

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<b>H.1</b>	<b>TITLE</b>	<b>Alcohol, medications and you.</b>
	<b>DATE</b>	1988
	<b>GRANTEE</b>	<b>RRTC in Community Integration for Individuals with SCI, I.19</b>
<b>RUNNING TIME</b>		(video) 17 minutes
<b>DESCRIPTION</b>		Describes alcohol's effects and interactions with medication. Starts with a description of BAC related to spinal cord injury, then describes effects on the central nervous system, the urinary system, the cardio-vascular system and the gastro-intestinal system. Discusses dangerous interactions with alcohol and medicine by medication categories including analgesics, narcotics, anti-depressants, stimulants, sedatives, muscle relaxants, anti-spasmodics, antihypertensives, diuretics, anti-infectives, hypoglycemics, blood thinners and mild and major tranquilizers as well as over the counter medications.
<b>COST</b>		\$75.00 plus \$7.50 shipping and handling.

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<b>H.2</b>	<b>TITLE</b>	<b>From nowhere to somewhere: Street drugs &amp; your rehabilitation.</b>
	<b>DATE</b>	1988
	<b>GRANTEE</b>	<b>RRTC in Community Integration for Individuals with SCI, I.19</b>
<b>RUNNING TIME</b>		(video) 15 minutes
<b>DESCRIPTION</b>		Discusses street drugs and how they may affect rehabilitation for spinal cord injury. Adverse effects, alcohol and prescription drug interactions and expected physiologic response to marijuana,

hallucinogens, stimulants including cocaine, crack and crank and depressants including heroin and barbiturates are explored through the experience of a recovering addict with a spinal cord injury.

**COST** \$75.00 plus \$7.50 shipping and handling.

**H.3**

**TITLE** **Substance abuse in rehabilitation facilities.**

**No problem? Think again...**

**DATE** 1995

**GRANTEE** **RRTC in Community Integration for Individuals with SCI, I.19**

**RUNNING TIME** (video) 31 minutes

**DESCRIPTION** A panel of individuals with spinal cord and traumatic brain injuries dispels the myth that substance abuse in rehabilitation facilities is not a problem. Includes discussion of (a) substance abuse while in rehabilitation; (b) denial — patient, staff, institutional; and (c) signs and symptoms.

**COST** \$89.95 plus \$7.50 shipping and handling.

**H.4**

**TITLE** **Treatment of alcoholism in Native Americans.**

**AUTHOR(S)** Christine and Fred Cobell

**DATE** August 1994

**GRANTEE** **American Indian RRTC, I.2**

**RUNNING TIME** (audio) 90 minutes

**DESCRIPTION** Christine and Fred are recovering alcoholics who have been working in alcoholism treatment since their recovery about 20 years ago. Informal approach lecture discusses what it is like to be an alcoholic and Native American in the United States. They discuss alternative treatment modalities and include many personal experiences in their talk. Order #: AC 1.

**COST** \$6.00

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<b>H.5</b>	<b>TITLE</b>	<b>Update on fetal alcohol syndrome and fetal alcohol effects.</b>
<b>AUTHOR(S)</b>	Carolyn Hartness	
<b>DATE</b>	August 1994	
<b>GRANTEE</b>	<b>American Indian RRTC, I.2</b>	
<b>RUNNING TIME</b>	(audio) 45 minutes	
<b>DESCRIPTION</b>	Training tape utilizing personal testimony from Carolyn Hartness whose father is Cherokee. Carolyn shares her experience on working with American Indians in the Southwest around issues related to fetal alcohol syndrome and fetal alcohol effects. This is an audio tape of a training that uses slides so its usefulness may be limited. Order #: AC 8.	
<b>COST</b>	\$6.00	

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## **I. NIDRR Grantees that Provided Substance Abuse and Disability Information**

\* **Note:** Some of these projects have completed their NIDRR-funded work.

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### **I.1**

#### **ADA Materials Development Project Relating to Employment, Cornell University, 106 ILR Extension, Ithaca, NY 14853-3901**

<b>PHONE</b>	(607) 255-7727
<b>CONTACT</b>	Dr. Susanne Bruyere
<b>E-MAIL</b>	smb23@cornell.edu

**ITEMS** E.2

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### **I.2**

#### **American Indian RRTC, Institute for Human Development, University Affiliated Programs, Northern Arizona University, PO Box 5630, Flagstaff, AZ 86011-5630**

<b>PHONE</b>	(520) 523-5581
<b>CONTACT</b>	Ms. Priscilla Sanderson
<b>E-MAIL</b>	priscilla.sanderson@nau.edu

**ITEMS** C.11; D.59; F.1; F.3; F.4; F.5; F.7; F.10; F.11; G.6; H.4; H.5

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**I.3** **A Comprehensive System of Care of Traumatic Brain Injury, Santa Clara Valley Medical Center, 950 South Bascom Avenue, Suite 2011, San Jose, CA 95128****PHONE** (408) 295-9896**CONTACT** Dr. Tamara Bushnik**E-MAIL** tamara@tbi-sci.org**ITEMS** D.30

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**I.4** **Johns Hopkins University Burn Injury Rehabilitation Model System , Baltimore Regional Burn Center, Johns Hopkins Bayview Medical Center, 4940 Eastern Avenue, Baltimore, MD 21224****PHONE** (410) 550-0894**CONTACT** Ms. Amy Bryant**E-MAIL** abryant@jhmi.edu**ITEMS** D.64

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**I.5** **Meeting the Needs of Women with Disabilities: A Blueprint for Change, Berkeley Policy Associates, 440 Grand Avenue, Suite 500, Oakland, CA 94610****PHONE** (510) 465-7884**CONTACT** info@bpacal.com**ITEMS** A.2

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**I.6** **MRI/Penn RTC on Vocational Rehabilitation Services for Persons with Long-Term Mental Illness, Matrix Research Institute, 6008 Wayne Avenue, Philadelphia, PA 19144****PHONE** (215) 569-2240**CONTACT** Dr. Barbara Granger**E-MAIL** bgmatrix@aol.com**ITEMS** C.3

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**I.7** **National RTC on Psychiatric Disability, University of Illinois-Chicago, 104 South Michigan Avenue, Suite 900, Chicago, IL 60603-5901****PHONE** (312) 422-8180**CONTACT** Ms. Jessica Jonikas**E-MAIL** jonikas@psych.uic.edu**ITEMS** E.9; G.8; G.10

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I.8

**Native American Research and Training Center (NARTC),  
Rehabilitation of American Indians with Disabilities,  
University of Arizona, 1642 East Helen Street, Tucson, AZ  
85719**

**PHONE** (520) 621-5075  
**CONTACT** Dr. Jennie R. Joe  
**E-MAIL** jrjoe@u.arizona.edu  
**ITEMS** C.5; C.6; C.8; D.3; D.37

I.9

**Northwest Regional Spinal Cord Injury System,  
University of Washington School of Medicine, Department  
of Rehabilitation Medicine, Box 356490, Seattle, WA  
98195-6490**

**PHONE** (206) 685-3999  
**CONTACT** Ms. Cynthia Salzman  
**E-MAIL** csalzman@u.washington.edu  
**ITEMS** A.1; B.1; D.63

I.10

**Ohio Regional Traumatic Brain Injury Model System, Ohio  
Valley Center for Brain Injury Prevention & Rehabilitation,  
Department of Physical Medicine and Rehabilitation,  
480 W. 9th Avenue, 1166 Dodd Hall, Columbus, OH 43210**

**PHONE** (614) 293-3802  
**CONTACT** Mr. Gary Lamb-Hart  
**E-MAIL** lamb-hart.1@osu.edu  
**ITEMS** B.4; G.2; G.17; G.19

I.11

**Post-Traumatic Epilepsy in Traumatic Brain Injury,  
Santa Clara Valley Medical Center, 950 South Bascom  
Avenue, Suite 2011, San Jose, CA 95128**

**PHONE** (408) 295-9896  
**CONTACT** Dr. Tamara Bushnik  
**E-MAIL** tamara@tbi-sci.org  
**ITEMS** B.12

64  
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**I.12** **Regional Spinal Cord Injury Care System of Southern California, Rancho Los Amigos Medical Center, Los Amigos Research & Education Institute, Inc. (LAREI), East Imperial Highway, Downey, CA 90242****PHONE** (562) 401-7161**CONTACT** Dr. Robert L. Waters**E-MAIL** rwaters@dhs.co.la.ca.us**ITEMS** D.48

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**I.13** **Rehabilitation of Migrant & Seasonal Farmworkers with Disabilities, Berkeley Policy Associates, 440 Grand Avenue, Suite 500, Oakland, CA 94610****PHONE** (510) 465-7884**E-MAIL** info@bpacal.com**ITEMS** G.3

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**I.14** **Relation of Rehabilitation Intervention to Functional Outcome in Acute and Subacute Settings****PHONE** (312) 908-2802**CONTACT** Allen W. Heinemann**E-MAIL** a-heinemann@northwestern.edu**ITEMS** D.14; D.17; D.22; D.45; D.57; D.58; D.60

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**I.15** **Research & Demonstration of a Model for Successfully Accommodating Adults with Disabilities in Adult Education Programs, University of Kansas, Institute for Adult Studies, Center for Research on Learning, Dole Center, Lawrence, KS 66045-2342****PHONE** (785) 864-0617**CONTACT** Dr. Daryl Mellard**E-MAIL** crl@ukans.edu**ITEMS** G.5

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**I.16** **Research and Training Center for Treatment of Secondary Complications of Spinal Cord Injury, Northwestern University, Department of Rehabilitation Medicine, 345 East Superior Street, Chicago, IL 60611****PHONE** (312) 908-2802**CONTACT** Allen W. Heinemann**E-MAIL** a-heinemann@northwestern.edu

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**ITEMS** D.25; D.50; D.51

I.17

**Research and Training Project for Infants, Children and Youth; Center for Children with Chronic Illness and Disability (C3ID); Institute for Health and Disability; Division of General Pediatrics and Adolescent Health; University of Minnesota, Box 721, 420 Delaware Street SE, Minneapolis, MN 55455-0392**

**PHONE** (612) 626-4032

**E-MAIL** c3id@gold.tc.umn.edu

**ITEMS** D.24

I.18

**RRTC on Aging with Spinal Cord Injury (1993-1997), Craig Hospital, Research Department, 3425 South Clarkson Street, Englewood, CO 80110**

**PHONE** (303) 789-8308

**CONTACT** Mr. Kenneth Gerhart

**E-MAIL** kgerhart@craighospital.org

**ITEMS** B.6; B.7; B.8; E.3; E.11

I.19

**RRTC in Community Integration for Individuals with Spinal Cord Injury, Baylor College of Medicine, The Institute of Rehabilitation and Research, TIRR, B-107, 1333 Moursund, Houston, TX 77030-3405**

**PHONE** (713) 797-5946

**CONTACT** Dr. Karen A. Hart

**E-MAIL** khart@bcm.tmc.edu

**ITEMS** E.1; G.4; H.1; H.2; H.3

I.20

**RRTC on Drugs and Disability, Wright State University School of Medicine, PO Box 927, Dayton, OH 45401-0927. (V/TTY)**

**PHONE** (937) 775-1484

**CONTACT** Ms. Sandra Trimboli

**E-MAIL** sardi@wright.edu

**ITEMS** B.3; B.9; B.10; C.1; C.2; C.4; C.7; C.9; C.10; D.1; D.6; D.15; D.18; D.19; D.28; D.31; D.35; D.38; D.41; D.44; D.46; D.47; D.52; D.56; D.61; E.4; E.5; E.6; E.7; E.8; F.8; F.9.; G.1; G.7; G.12; G.13; G.15; G.16

**I.21** **RRTC in Secondary Complications in Spinal Cord Injury, University of Alabama-Birmingham, Spain Rehabilitation Center, Department of Physical Medicine and Rehabilitation, 1717 6th Avenue South, Room 506, Birmingham, AL 35233-7330**

**PHONE** (205) 934-3334

**CONTACT** Ms. Linda Lindsey

**E-MAIL** lindsey@uab.edu

**ITEMS** E.10

**I.22** **RTC for Children's Mental Health, University of South Florida, Louis de la Parte Florida Mental Health Institute, Bruce B. Downs Boulevard, Tampa, FL 33612**

**PHONE** (813) 974-4640

**CONTACT** Dr. Robert Friedman

**E-MAIL** friedman@fmhi.usf.edu

**ITEMS** A.4; D.9; D.21; D.32; D.54; F.2; F.6

**I.23** **RTC on Community Integration of Individuals with Traumatic Brain Injury, Mount Sinai School of Medicine, Gustave L. Levy Place, Box 1240, New York, NY 10029-6574**

**PHONE** (212) 659-9372

**CONTACT** Dr. Wayne A. Gordon

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**ITEMS** B.11; D.20

**I.24** **RTC on Improving the Functioning of Families Who Have Members with Disabilities, University of Kansas, Beach Center on Families and Disability, 3111 Haworth Hall, Lawrence, KS 66045**

**PHONE** (785) 864-7600

**CONTACT** Dr. Ann Turnbull

**E-MAIL** aturnbull@ukans.edu

**ITEMS** B.5

**I.25** **Substance Abuse As A Barrier to Employment for Persons with Traumatic Brain Injury**

**PHONE** (708) 578-3720

**CONTACT** Dr. Allen Heinemann

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**ITEMS** G14, G18

I.26

**Traumatic Brain Injury Model System of Rehabilitation Care, Virginia Commonwealth University, Medical college of Virginia, Department of PM & R, MVC Station, Box 980542, Richmond, VA 23298-0542**

**PHONE** (804) 828-9055

**CONTACT** Ms. Jennifer Marwitz

**E-MAIL** jmarwitz@hsc.vcu.edu

**ITEMS** A.3; D.2; D.5; D.7; D.10; D.11; D.34; D.36; D.39; D.40; D.42; D.43; D.49; D.53

I.27

**University of Michigan Model Spinal Cord Injury Care System, University of Michigan Medical Center, Physical Medicine and Rehabilitation, 300 North Ingalls, Room NI2A09, Ann Arbor, MI 48109-0491**

**PHONE** (734) 763-0971

**CONTACT** Mr. Martin Forchheimer

**E-MAIL** model.sci@umich.edu

**ITEMS** D.4; D.8; D.12; D.13; D.16; D.23; D.26; D.29; D.33; D.62; G.9

I.28

**VCU Model Spinal Cord Injury System, Virginia Commonwealth University School of Medicine, Dept. of Physical Medicine and Rehabilitation, PO Box 980677, Richmond, VA, 23298-0677**

**PHONE** (804) 828-0861

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**ITEMS** B.2; D.55

I.29

**WVRRTC: Management of Information and Informational Systems in State Vocational Rehabilitation Agencies, West Virginia University RRTC, 806 Allen Hall, P.O. Box 6122, Morgantown, WV 26506-6122**

**PHONE** (304) 293-5313

**CONTACT** Dr. Ranjit Majumder

**E-MAIL** majumder@rtc1.icdi.wvu.edu

**ITEMS** D.27

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